

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90048 012 ****61.25

DOCUMENT # 763431

1. Entity Name

**LAKE WALES CHAPTER #3416 OF AMERICAN ASSOCIATION
 OF RETIRED PERSONS, INC.**

Principal Place of Business

Mailing Address

**129 E STUART AVENUE
 LAKES WALES FL 33853
 US**

**129 E STUART AVENUE
 LAKES WALES FL 33853
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3185888

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WARING, ROBERT E
 280 HUNT DRIVE
 LAKE WALES FL 33853**

733

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

ROBERT E. WARING

Robert E. Waring

3/11/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VP** ☐ Delete
 NAME **HUNT, LOIS J**
 STREET ADDRESS **900 REDWOOD WAY**
 CITY-ST-ZIP **LAKE WALES FL 33853**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **P** ☒ Delete
 NAME **BECKER, HUBERT E**
 STREET ADDRESS **2730 LAKE PIERCE DR**
 CITY-ST-ZIP **LAKE WALES FL 33853**

TITLE **P** ☒ Change ☐ Addition
 NAME **WARING, ROBERT**
 STREET ADDRESS **733 HUNT DR**
 CITY-ST-ZIP **LAKE WALES FL 33858**

TITLE **TD** ☒ Delete
 NAME **WARING, ROBERT**
 STREET ADDRESS **733 HUNT DRIVE**
 CITY-ST-ZIP **LAKE WALES FL 33858**

TITLE **TD** ☒ Change ☐ Addition
 NAME **BOWMAN, RAYMOND C**
 STREET ADDRESS **5711 SADDLEBAG LAKE RD**
 CITY-ST-ZIP **LAKE WALES FL 33898**

TITLE **SD** ☐ Delete
 NAME **BECKER, SHARON**
 STREET ADDRESS **2730 LAKE PIERCE DR**
 CITY-ST-ZIP **LAKE WALES FL 33853**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **D** ☒ Delete
 NAME **BOWMAN, RAYMOND C**
 STREET ADDRESS **5111 SADDLEBAG LAKE ROAD**
 CITY-ST-ZIP **LAKE WALES FL 33853**

TITLE **D** ☐ Change ☒ Addition
 NAME **WARING, SHIRLEY**
 STREET ADDRESS **733 HUNT DRIVE**
 CITY-ST-ZIP **LAKE WALES FL 33858**

TITLE **D** ☐ Delete
 NAME **LABONTE, ELEANOR**
 STREET ADDRESS **1101 ST. ANNE SNRINE RD.**
 CITY-ST-ZIP **LAKE WALES FL 33853**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

Robert E. Waring

ROBERT E. WARING

3/11/02

863-679-9700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)