

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 764089

1. Entity Name

JACKSON COUNTY CHAPTER #3486 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.

**FILED**  
Feb 06, 2002 8:00 am  
Secretary of State

02-06-2002 90023 020 \*\*\*\*61.25

Principal Place of Business

Mailing Address

3003 CHASE WAY  
MARIANNA FL 32446  
US

P.O. BOX 724  
MARIANNA FL 32447

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3741820

Applied For

Not Applicable

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

SANDERS, STAN  
3003 CHASE WAY  
MARIANNA FL 32446

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

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 P  
NAME SANDERS, STAN  
STREET ADDRESS 3003 CHASE WAY  
CITY-ST-ZIP MARIANNA FL 32446 ☐ Delete

TITLE VPD  
NAME DRWRESE, JOANNE MARIE  
STREET ADDRESS 4376 KELLY AVE  
CITY-ST-ZIP MARIANNA FL 32446 ☐ Delete

TITLE S  
NAME DEESE, MARY FRANCES  
STREET ADDRESS 3391 PEANUT RD  
CITY-ST-ZIP COTTONDALE FL 32431 ☐ Delete

TITLE D  
NAME BARRIS, GLORIA  
STREET ADDRESS 4116 PARK PL  
CITY-ST-ZIP MARIANNA FL 32446 ☐ Delete

TITLE D  
NAME SCHOUTHEIS, VICTOR  
STREET ADDRESS 2432 WILDWOOD CIRCLE  
CITY-ST-ZIP MARIANNA FL 32446 ☐ Delete

TITLE T  
NAME SANSON, TOM  
STREET ADDRESS 3284 CAVERNS RD  
CITY-ST-ZIP MARIANNA FL 32446 ☐ Delete

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

TITLE  
NAME BARRIS, GLORIA  
STREET ADDRESS 4116 PARK PL  
CITY-ST-ZIP MARIANNA FL 32446 ☐ Change ☐ Addition

TITLE  
NAME LEOA VIEB  
STREET ADDRESS 4060 Thomasville Ln  
CITY-ST-ZIP Marianna, FL 32448 ☐ Change ☐ Addition

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

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

TITLE  
NAME JEAN BATTJELLO  
STREET ADDRESS 7902 SALE ST.  
CITY-ST-ZIP SWEADS, FL 32460 ☐ 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 another like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/20/02 850 482 4243

CR2E037 (9/01)