

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2002 8:00 am
Secretary of State

01-14-2002 90023 027 ****61.25

DOCUMENT # 766873

1. Entity Name

GREATER KEYSTONE CHAPTER #3555 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.

Principal Place of Business

Mailing Address

**17702 SIMMS ROAD
 ODESSA FL 33556**

**17702 SIMMS ROAD
 ODESSA FL 33556**

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

95-3795770

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

**BINDER, HENRY
 17702 SIMMS ROAD
 ODESSA FL 33556**

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	PD	<input type="checkbox"/> Delete
NAME	LEFIN, RUDI	
STREET ADDRESS	6514 GRAZING LANE	
CITY-ST-ZIP	ODESSA FL 33556	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HETZ, CLAIRE	
STREET ADDRESS	15806 CRYING WIND DR.	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	RSD	<input type="checkbox"/> Delete
NAME	POLLOCK, CAROLE	
STREET ADDRESS	15806 TIMBERWOOD DR.	
CITY-ST-ZIP	TAMPA FL 33625	
TITLE	CSD	<input type="checkbox"/> Delete
NAME	PRICE, ALICE	
STREET ADDRESS	9436 EDDINGS RD.	
CITY-ST-ZIP	ODESSA FL 33556	
TITLE	D	<input type="checkbox"/> Delete
NAME	SKINNER, ELSIE	
STREET ADDRESS	18026 BROWN RD.	
CITY-ST-ZIP	ODESSA FL 33556	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LEGG, EARLINE	
STREET ADDRESS	14352 SHRANGRI LA LANE	
CITY-ST-ZIP	ODESSA FL 33556	

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tornquist, Audrey	
STREET ADDRESS	8808 Edgewood Blvd	
CITY-ST-ZIP	Tampa FL 33635	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lefin, Inge	
STREET ADDRESS	6514 Grazing Lane	
CITY-ST-ZIP	Odessa FL 33556	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Murray, Barbara	
STREET ADDRESS	16567 Hutchinson Rd	
CITY-ST-ZIP	Odessa FL 33556	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Rudi Lefin* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/2002

813 920-2586

Date

Daytime Phone #

CR2E037 (9/01)