

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Jul 14, 2003 8:00 am
Secretary of State

07-14-2003 90169 039 ****61.25

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DOCUMENT # N00000005288

1. Entity Name
MIAMI RICHMOND HEIGHTS CHAPTER #5312 OF AARP, IN C.



Principal Place of Business
**11535 SW 142ND ST.
RICHMOND HEIGHTS FL 33176-6305**

Mailing Address
**11535 SW 142ND ST.
RICHMOND HEIGHTS FL 33176-6305**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

MCNABB, LEE
11535 SW 142ND ST.
RICHMOND HEIGHTS FL 33176-6305

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MCNABB, LEE	
STREET ADDRESS	11535 SW 142ND ST.	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	D	<input type="checkbox"/> Delete
NAME	CORBETT, GERALDINE	
STREET ADDRESS	10773 SW 142ND LANE	
CITY-ST-ZIP	RICHMOND HEIGHTS FL 33176-6538	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PRINCE, AMY	
STREET ADDRESS	14861 FILLMORE ST.	
CITY-ST-ZIP	RICHMOND HEIGHTS FL 33176-7613	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBERSON, NED	
STREET ADDRESS	11501 SW 142ND ST.	
CITY-ST-ZIP	RICHMOND HEIGHTS FL 33176-6305	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARRIS, ULYSSES JR.	
STREET ADDRESS	14101 JEFFERSONS ST.	
CITY-ST-ZIP	RICHMOND HEIGHTS FL 33176	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	SECRETARY	
STREET ADDRESS	ROSETTA HARRIS	
CITY-ST-ZIP	14101 Jefferson St. MIAMI, FL, 33176	
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: **SIGNATURE REQUIRED** *Lee McNabb* 07/07/03 305 233-1563

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (4/03)