

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000004521

1. Entity Name

LAKE MARY CHAPTER #4878 OF AMERICAN ASSOCIATION
OF RETIRED PERSONS, INC.

FILED

May 01, 2002 8:00 am
Secretary of State

05-01-2002 91544 033 ****61.25

Principal Place of Business

877 HEATHER GLEN CIRCLE
LAKE MARY FL 32746

Mailing Address

877 HEATHER GLEN CIRCLE
LAKE MARY FL 32746

2. Principal Place of Business

C.T. CORP.

3. Mailing Address

1200 S. Pine Island Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PLANTATION

City & State

FLORIDA

Zip

Country

33324 BROWARD

Zip

Country

33324 BROWARD

6. Name and Address of Current Registered Agent

~~CARMONA, MARGARET~~
~~877 HEATHER GLEN CIRCLE~~
~~LAKE MARY FL 32746~~

C.T. Corp.
1200 S. Pine Island
Plantation, FL 33324

7. Name and Address of New Registered Agent

Name C.T. CORP.

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

1200 Pine Island Road

City

Plantation

FL

Zip Code

33324

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

C.T. Corp.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/22/02

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

TITLE P
NAME LOBER, IRENE M
STREET ADDRESS 395 DEVON PLACE
CITY-ST-ZIP HETHROW FL 32746 ☐ Delete

TITLE V
NAME CARMONA, JAMES
STREET ADDRESS 877 HEATHER GLEN CIRCLE
CITY-ST-ZIP LAKE MARY FL 32746 ☐ Delete

TITLE V
NAME FRATTO, MARIE
STREET ADDRESS 638 BIRGHAM PLACE
CITY-ST-ZIP LAKE MARY FL 32746 ☐ Delete

TITLE T
NAME VANKLEECK, GLORIA
STREET ADDRESS 1525 FARRINDON CIRCLE
CITY-ST-ZIP HEATHROW FL 32746 ☐ Delete

TITLE S
NAME MCCULLOUGH, ANNA
STREET ADDRESS 104 RED CEDAR DRIVE
CITY-ST-ZIP SANFORD FL 32773 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gloria S. Van Fleet, Treasurer 4/20/02

Date

Daytime Phone #

407-333-0054

CR2E037 (9/01)