

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

0089936

DOCUMENT # N03698

1. Entity Name

WEST ORANGE CHAPTER #3697 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.

04-10-2002 90469 010 ****61.25

Principal Place of Business

Mailing Address

**HYDE PARK MBL. PK.
675 WEST STATE ROAD 50
WINTER GARDEN FL 34787
US**

**615 ORANGE AVENUE
OCOE FL 34761-2346
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

33-0042706

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

**SMITH, GRACE
780 LONDON BRIDGE
WINTER GARDEN FL 34787**

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** ☐ Delete
NAME **FRANKS, VIOLET**
STREET ADDRESS **818 BORDERS CIR., APT 111**
CITY-ST-ZIP **ORLANDO FL**

TITLE **PD** ☒ Change ☐ Addition
NAME **BETTY TURNER**
STREET ADDRESS **940 ROYAL VIEW CIR**
CITY-ST-ZIP **WINTER GARDEN FL 34787**

TITLE **VD** ☐ Delete
NAME **ROBINSON, CHARLOTTE**
STREET ADDRESS **610 ROYAL OAK**
CITY-ST-ZIP **WINTER GARDEN FL**

TITLE **VD** ☒ Change ☐ Addition
NAME **MELVIN SHANER**
STREET ADDRESS **615 ORANGE AVE**
CITY-ST-ZIP **OCOE, FL. 34761-2346**

TITLE **SD** ☐ Delete
NAME **MERCHANT, DORIS**
STREET ADDRESS **790 LONDON BRIDGE RD**
CITY-ST-ZIP **WINTER GARDEN FL 34787**

TITLE **SD** ☒ Change ☐ Addition
NAME **KATHLEEN POLIDORE**
STREET ADDRESS **P.O. Box 770656**
CITY-ST-ZIP **Winter Garden, FL 34777**

TITLE **TD** ☐ Delete
NAME **SHANER, MARY JANE**
STREET ADDRESS **815 ORANGE AVE**
CITY-ST-ZIP **OCOE FL**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: Mary Jane Shaner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 1, 2002

Date

407-656-8091

Daytime Phone #

CR2E037 (9/01)