

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90051 038 ****61.25

DOCUMENT # N12334

1. Entity Name

LAKES CHAPTER #3837 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.

Principal Place of Business

MIAMI LAKES COMMUNITY CENTER
 15151 MONTROSE RD
 MIAMI LAKES FL 33014
 US

Mailing Address

LAKES CHAPTER AARP
 550 SW 138TH AVE K403
 HOLLYWOOD FL 33027
 US

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

59-2457494

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

COLBERT, DON
 3860 W 2ND AVENUE
 HIALEAH FL 33012

7. Name and Address of New Registered Agent

Name ROSEMARY FRITCH

Street Address (P.O. Box Number is Not Acceptable)
67963 SHARPECROFT COURT

MIAMI LAKES, FL

City

FL

Zip Code

33014

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

Rosemary Fritch

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

(NOTE: Registered Agent signature required when reinstating)

3/12/02

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

TITLE DP ☒ Delete
 NAME COLBERT, DON
 STREET ADDRESS 3860 W 2ND AVENUE
 CITY-ST-ZIP HIALEAH FL 33012

TITLE DVP ☒ Delete
 NAME CHERRY, FREDA
 STREET ADDRESS 6315 CAGE PLACE #B-309
 CITY-ST-ZIP MIAMI LAKES FL 33014

TITLE DS ☒ Delete
 NAME FRITCH, ROSEMARY
 STREET ADDRESS 67963 SHARPECROFT COURT
 CITY-ST-ZIP MIAMI LAKES FL 33014

TITLE DT ☐ Delete
 NAME FRINK, CLARE
 STREET ADDRESS 550 SW 138TH AVE #K403
 CITY-ST-ZIP PEMBROKE PINES FL 33027

TITLE D ☒ Delete
 NAME CAFFARELLI, MARY
 STREET ADDRESS 651 E 38TH STREET
 CITY-ST-ZIP HIALEAH FL 33013

TITLE D ☒ Delete
 NAME FIENE, HELEN
 STREET ADDRESS 6023 EAST 67TH AVENUE
 CITY-ST-ZIP HIALEAH FL 33013

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP ☒ Change ☐ Addition
 NAME FRITCH ROSEMARY
 STREET ADDRESS 67963 SHARPECROFT CT.
 CITY-ST-ZIP MIAMI LAKES, FL 33014

TITLE DVP ☒ Change ☐ Addition
 NAME HENKE, RUTH
 STREET ADDRESS 7791 W 18th LN
 CITY-ST-ZIP MIAMI LAKES, FL 33014

TITLE DS ☒ Change ☐ Addition
 NAME KATHERINE HERNANDEZ
 STREET ADDRESS 16855 N.W. 44th AVE
 CITY-ST-ZIP MIAMI, FL 33014

TITLE DT ☐ Change ☐ Addition
 NAME FRINK, CLARE
 STREET ADDRESS 550 SW 138th Ave
 CITY-ST-ZIP PEMBROKE PINES, FL 33027

TITLE D ☒ Change ☐ Addition
 NAME DOROTHY POSTEL
 STREET ADDRESS 17518 NW 61 PLACE
 CITY-ST-ZIP MIAMI, FL 33015

TITLE D ☒ Change ☐ Addition
 NAME NEIDA MELEY
 STREET ADDRESS 999 W. 64th PLACE
 CITY-ST-ZIP HIALEAH FL 33012

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:

Clare Frink **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 12-02 (954) 442-7110

Date

Daytime Phone #

CR2E037 (9/01)