

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 90709 040 ****61.25

DOCUMENT # N14056

1. Entity Name

PORT ORANGE CHAPTER #3890 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.

Principal Place of Business

Mailing Address

LESKO GILBERT C
 357 HEARTHSTONE TERR
 PORT ORANGE FL 32127
 US

LESKO GILBERT C
 357 HEARTHSTONE TERR
 PORT ORANGE FL 32127
 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

NOT APPLICABLE

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

7. Name and Address of New Registered Agent

TUCKER, JOSEPH L
 906 GINGER TREE PL
 PORT ORANGE FL 32127

Name: JOSEPH L. TUCKER
 Street Address (P.O. Box Number is Not Acceptable): 906 GINGER TREE PL
PORT ORANGE, FL 32127
 City: PORT ORANGE, FL Zip Code: 32127

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)

May 3, 2002
 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	<input type="checkbox"/> Delete
NAME	P MORRILL, IRVINE
STREET ADDRESS	834 WILDWOOD CR
CITY-ST-ZIP	PORT ORANGE FL 32127
TITLE	<input type="checkbox"/> Delete
NAME	1VP WATTENBARGER, FRANCES
STREET ADDRESS	5928 CLAYS MILL DR
CITY-ST-ZIP	PORT ORANGE FL 32127
TITLE	<input type="checkbox"/> Delete
NAME	D KOHNKEN, HERMAN
STREET ADDRESS	5435 ORANGE AVE.
CITY-ST-ZIP	PORT ORANGE FL 32127
TITLE	<input type="checkbox"/> Delete
NAME	S VICKERS, JEAN
STREET ADDRESS	650 WILLOW DRIVE
CITY-ST-ZIP	NEW SMYRNA BEACH FL
TITLE	<input type="checkbox"/> Delete
NAME	DVP LESKO, GILBERT C
STREET ADDRESS	357 HEARTHSTONE TERR
CITY-ST-ZIP	PT ORANGE FL 32127
TITLE	<input type="checkbox"/> Delete
NAME	DVP TUCKER, JOSEPH
STREET ADDRESS	906 GINGER TREE PLACE
CITY-ST-ZIP	PT ORANGE FL

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
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STREET ADDRESS	
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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:

JOSEPH L. TUCKER
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 3, 2002
 Date Daytime Phone #

CR2E037 (9/01)