

# 2002 UNIFORM BUSINESS REPORT (UBR)

0002455

DOCUMENT # N22518

1. Entity Name

STEINHATCHEE CHAPTER #4064 OF AARP, INC.

FILED

03 APR 21 AM 9:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 02-03

DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
COMMUNITY CENTER HWY 51 STEINHATCHEE FL 32359 US		STEINHATCHEE AARP PO BOX 725 STEINHATCHEE FL 32359 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	33-0177064	Applied For	<input type="checkbox"/>
		Not Applicable	<input type="checkbox"/>
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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.

**PETER F. SOUZA**  
ASSISTANT SECRETARY

SIGNATURE

4/9/03

DATE

After September 13, 2002, min. will be \$236.25.	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HARRIS, WINIFORD	
STREET ADDRESS	417 STEVENS ST	
CITY-ST-ZIP	STEINHATCHEE FL 32359	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	HOWELL, ELAINE	
STREET ADDRESS	425 KINGS CREEK CIRCLE	
CITY-ST-ZIP	STEINHATCHEE FL 32359	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	FROW, JUANITA	
STREET ADDRESS	907 RIVERSIDE DR SE	
CITY-ST-ZIP	STEINHATCHEE FL 32359	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	DAVIS, BETTY	
STREET ADDRESS	514 SECOND AVE SOUTH	
CITY-ST-ZIP	STEINHATCHEE FL 32359	
TITLE	C	<input type="checkbox"/> Delete
NAME	WILLIAMS, VENERA	
STREET ADDRESS	COUNTRY ROAD 398	
CITY-ST-ZIP	SONA FL	
TITLE	C	<input type="checkbox"/> Delete
NAME	CURTIS, SUSAN	
STREET ADDRESS	1200 RIVERSIDE DR	
CITY-ST-ZIP	STEINHATCHEE FL 32359	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUANITA FROW	
STREET ADDRESS	907 RIVERSIDE DR SE	
CITY-ST-ZIP	STEINHATCHEE FL 32359	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAR CHAUNCEY	
STREET ADDRESS	1606 FIRST Av. SE	
CITY-ST-ZIP	STEINHATCHEE FL 32359	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUE POLHEMUS	
STREET ADDRESS	P.O. BOX 405	
CITY-ST-ZIP	Steinhatchee FL 32359	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VIRGIAL SHASSERE	
STREET ADDRESS	220 DUNCAN LN	
CITY-ST-ZIP	STEINHATCHEE FL 32359	
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: *Juanita Frow* REQUIRED JUANITA FROW 3/11/2003 352 498 5844

CR2E037 (4/02)