## 2002 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # N31263**

1. Entity Name

## LAKE CITY FLORIDA CHAPTER #1872 OF AMERICAN ASSO CIATION OF RETIRED PERSONS INC.

MASONIC HALL 2685 MCFARLANE AVE.

Principal Place of Business

Mailing Address

203 COUNTRY CLUB RD LAKE CITY FL 32025

LAKE CITY FL 3200 US	55	US				
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.  City & State		Suite, Apt. #, etc. City & State				
	5. Name and Address of Cu	rrent Registered Agent				

**FILED** Apr 22, 2002 8:00 am Secretary of State

04-22-2002 90335 042 \*\*\*\*61.25



2. Principal Place of Business 3. Ma			3. Mailing Address	Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, e	Suite, Apt. #, etc.			DO NOT WRITE IN	THIS SPACE	614 64 <b>9</b> 11 1981		
City & State		City & State	City & State		4. FEI Number	4. FEI Number 23-7392227			$\Box$	
Zip Country Z			Zip	p Country			5. Certificate of Status Desired \$8.75 Additional			
	6. Name	and Address of Curre	nt Registered Agent			Fee Required  - 7Name and Address of New Registered Agent				
				. Commercial control control	Name	/ Name and Ad	dress of New Regist	ered Agent		4
BLACKWELL, THOMAS F 203 COUNTRY CLUB RD LAKE CITY FL 32025						ddress (P.O. Box Number is Not Acceptable)				
					City	<del></del>		FL Zip Coo	le	+
8. The above	e named entity	submits this statement	for the purpose of chang	ing its registere	d office or regis	stered agent, or both, i	in the state of Florida.	<u> </u>		$\dashv$
¢										
SIGNATURE		or printed name of registered age	ant and title if applicable.	(NOTE: Registered	Agent signature requ	ired when reinstating)		NATE:		
				(*************************************	- Igorii signadire requ		L	DATE		
FILE NOW: FEE IS \$61.25			9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees Make Check Department		heck Payable tment of State	Payable to		
10.		OFFICERS AND D	DIRECTORS	11.		ADDITIONS/CHANG	ES TO OFFICERS AN	ID DIBECTORS IN		1
TITLE	Р	<del></del>	☐ Delete		D	ABBITIONO/OFIANO	DES TO OFFICERS AN	Change		┧╒
NAME		L, THOMAS F		NAME		5800 - Their	5D	L Change	Addition	
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CITY-ST-ZIP	LAKE CITY	FL 32025		CITY-		ake City,				١
TITLE	<b>V</b>		☐ Delete	TITLE	<del></del>	** <del>****</del>	<del></del>	☐ Change	Addition	₫
NAME	MARKHAM,			NAME	D			change	LAL AUGRIUM	1
STREET ADDRESS	RT 19 BOX			STREE	ADDRESS HO	rnyak, El 6 Box 48	nora			
CITY-ST-ZIP	LAKE CITY	FL 32025	باز يعتريك في اللا	CITY-S	iT-ZIP Tie	ke City.~	8 <u>FL 32025 -</u>			Į
TITLE	D DIE		🔀 Delete	TITLE	V/		<del></del>	☐ Change	Addition	1
NAME Street address	SHIRK, RUT			NAME	ма	arkham, Be	nita	_ ,	-	İ
CITY-ST-ZIP	RT 14 BOX				ADDITION   Rt	. 19, Box	1/6/			
	LAKE CITY I	FL 32024	<del>_</del>	CITY-S		ke City,				
ritle Name	BLACKWELL	MADV	☐ Delete	TITLE	T/	'D	11. 32025	☐ Change	<b>⊠</b> Addition	1
	203 COUNT			NAME		ackwell,	M			
CITY-ST-ZIP	LAKE CITY I			CITY-S	ADDRESS 20	3 Country	Club Da			
TTLE	S	L UZUZU			La La	ke City,	FT. 32028	<u> </u>		
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	RT 12 BOX			NAME STREET		orndike,	Jov			
	LAKE CITY F			CITY-S	<sub>I-ZIP</sub>   Rt	. 12, Box	254			Í
ITLE	T	<del>-</del>	<b>⊠</b> Delete	TITLE	- La	ke City, 1	L. 32025			1
AME	WACKER, DO	OROTHEA	MENT DESER	NAME	1	•		☐ Change	☐ Addition	ĺ
		OOD CIRCLE			ADDRESS					
	LAKE CITY F			CITY-S						

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: Domos Blackwell Thomas F. Blacke 11
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-10-02 Date

386)752-2350