

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

May 14, 2002 8:00 am  
Secretary of State

05-14-2002 90060 027 \*\*\*\*61.25

DOCUMENT # N31610

1. Entity Name

OAK RUN-OCALA CHAPTER #4374 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.

Principal Place of Business

Mailing Address

8987 SW 108 PL  
OCALA FL 34481

8987 SW 108 PL  
OCALA FL 34481

2. Principal Place of Business

3. Mailing Address

8371 SW 109 ST.

8371 SW 109 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
OCALA, FL.

City & State  
OCALA, FL.

4. FEI Number  
94-3069719

Applied For  
Not Applicable

Zip  
34481

Country  
MARION

Zip  
34481

Country  
MARION

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

MALFA, GRACE P  
8987 SW 108TH PL  
OCALA FL 34481

Name  
IRVING E. GROSSMAN

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

8371 SW 109 ST.

City  
OCALA FL Zip Code  
34481

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

*Irving E. Grossman*

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

(NOTE: Registered Agent signature required when reinstating)

4/8/2002

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 NAME STREET ADDRESS CITY-ST-ZIP	PD MALFA, GRACE P. 8987 SW 108 PL OCALA FL 34481	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CLARK, RUTH 8449 SW 108 PL OCALA FL 34481	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEISS, JOHN 8006 SW 115 LOOP OCALA FL 34476	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PIZZIMENTI, SUSAN 9072 SW 109 LANE OCALA FL 34481	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PRESCOTT, DON 8186 SW 108TH ST OCALA FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MULLER, WILLIAM 8777 SW 116TH PL RD OCALA FL	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT GROSSMAN, IRVING E. 8371 SW 109 ST OCALA, FL. 34481-9745	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY CLARK, RUTH 8449 SW 108 PL OCALA, FL. 34481	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELETED DIRECTOR GROSSMAN, MIRIAM 8371 SW 109 ST OCALA, FL. 34481-9745	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER SENKO, ERIKA 8929 SW 115 ST OCALA, FL. 34481	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. MALFA, GRACE 8987 SW 108 PL OCALA, FL. 34481	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELETED DIRECTOR ROSEMARY FERON 8642 SW 108 PL OCALA FL. 34481	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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:

*Irving E. Grossman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/8/2002 (352) 854-7795

CR2E037 (9/01)