

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2002 8:00 am**  
**Secretary of State**

01-31-2002 90024 040 \*\*\*\*61.25

**DOCUMENT # N34569**

1. Entity Name

**SOUTH DADE CHAPTER #4463 OF AMERICAN ASSOCIATION  
 OF RETIRED PERSONS, INC.**

Principal Place of Business

Mailing Address

**1ST NATIONAL BANK  
 PIONEER ROOM  
 HOMESTEAD FL 33030  
 US**

**987 NE 5TH AVE  
 HOMESTEAD FL 33030  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**94-3092425**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**TRANHAM, CLYDE J  
 987 NE 5TH AVE  
 HOMESTEAD FL 33030**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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 **D** ☐ Delete  
 NAME **RODELY, CLARENCE H.**  
 STREET ADDRESS **1520 NE 14 ST**  
 CITY-ST-ZIP **HOMESTEAD FL**

TITLE **P Thomas Sytsma** ☐ Change ☒ Addition  
 NAME **20255 S.W. 2805 Street**  
 STREET ADDRESS **HOMESTEAD FL 33031**  
 CITY-ST-ZIP

TITLE **VP** ☐ Delete  
 NAME **CRAY, BETTY**  
 STREET ADDRESS **2527 SE 20TH PL.**  
 CITY-ST-ZIP **HOMESTEAD FL 33035-1308**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VP** ☐ Delete  
 NAME **GANERAZZO, LOUISE**  
 STREET ADDRESS **14915 GARFELD DR**  
 CITY-ST-ZIP **HOMESTEAD FL 33033**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **S** ☐ Delete  
 NAME **RAMIREZ, MARGARET**  
 STREET ADDRESS **26467 SW 128TH AVENUE**  
 CITY-ST-ZIP **HOMESTEAD FL 33032**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **T** ☐ Delete  
 NAME **TRANHAM, CLYDE**  
 STREET ADDRESS **987 NE 5TH AVE**  
 CITY-ST-ZIP **HOMESTEAD FL**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **EUNICE, AMELIA**  
 STREET ADDRESS **24700 SW 187TH AVE**  
 CITY-ST-ZIP **HOMESTEAD FL 33031**

TITLE ☐ Change ☐ 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: *Clyde J. Trantham*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*1-15-02*

*(305) 248 3376*

CR2E037 (9/01)