2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N36187

1. Entity Name

OLDSMAR CHAPTER #4456 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.

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Principal Plac	ace of Business	Mailing Address			┪			
ELIZABETH SMITH 204 DUNKIRK ROAD OLDSMAR FL 34677 US		ELIZABETH SMITH 204 DUNKIRK ROAD OLDSMAR FL 34677 US	204 DUNKIRK ROAD					
2. Principal F	Place of Business	3. Mailing Address	m					
a. Timoparriace of additions		3. Walling Address			8 01/81 (1801 10)(1 1881 8/8/)	INDIA DARNI RIBAN RI		
Suite, Apt. #, etc. City & State		Suite, Apt. #, etc. City & State		4. FEI Number NOT APPLICABLE Applied For Not				
							Zip	Country
	6. Name and Address of Curi	rent Registered Agent				ess of New Registered	Fee Require	ed
				Name	7. Name and Addre	ess of New Registered	Agent	·
SMITH, EL	1ZABETH			Street Address	(P:O:Box:Number-le-No	nt'Accentable)		
204 DUNK	KIRK ROAD	-			(, , , , , , , , , , , , , , , , , , ,	ot noospiable)		
OLDAMAR	1 FL 34677							
				City		F	Zip Cod	е
	e named entity submits this stateme	nt for the purpose of changing it	s registered	office or registe	red agent or both in th	o etate of Electric		
SIGNATURE _		gent and title if applicable. (NO)		gent signature require	d when reinstating)	DATE		
SIGNATURE _		9. Election Ca	TE: Registered Ag	ncing	\$5.00 May Be Added to Fees	Make Chec		
SIGNATURE _	Signature, typed or printed name of registered a	9. Election Ca Trust Fund	TE: Registered Ag Impaign Fina Contribution.	incing	\$5.00 May Be Added to Fees	Make Chec Departme	ent of State	•
SIGNATURE _	Signature, typed or printed name of registered a FILE NOW: FEE IS \$61.25 OFFICERS AND	9. Election Ca Trust Fund	TE: Registered Ag Impaign Fina Contribution.	incing	\$5.00 May Be	Make Chec Departme	ent of State	•
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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 attackment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: Clasalieth Smith Elisa

☐ Delete

813 855-4070

☐ Change

■ Addition

FILED

05-05-2002 90308 023 ****61.25

May 05, 2002 8:00 am Secretary of State