

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State

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

0054783

DOCUMENT # N36187

1. Entity Name

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

Principal Place of Business

Mailing Address

**ELIZABETH SMITH
 204 DUNKIRK ROAD
 OLDSMAR FL 34677
 US**

**ELIZABETH SMITH
 204 DUNKIRK ROAD
 OLDSMAR FL 34677
 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

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SMITH, ELIZABETH
 204 DUNKIRK ROAD
 OLDAMAR FL 34677**

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	P	<input type="checkbox"/> Delete
NAME	SMITH, ELIZABETH	
STREET ADDRESS	204 DUNKIRK ROAD	
CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE	VD	<input type="checkbox"/> Delete
NAME	STRUSZ, MARY	
STREET ADDRESS	122H LOBLOLLY COURT	
CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	PHIPPS, KAREN	
STREET ADDRESS	1206 GAMBOR CIRCLE	
CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DEBECHÉ, THOMAS A.	
STREET ADDRESS	P. O. BOX 332 N/A	
CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANCES Smith	
STREET ADDRESS	LAKE PLACID Ct.	
CITY-ST-ZIP	Oldsmar 3134677	
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		

CR2E037 (9/01)

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: *Elizabeth Smith* **ELIZABETH SMITH**

4-19-02 **817 895-4070**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #