

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N45272

1. Entity Name

APOPKA CHAPTER #4664 OF AMERICAN ASSOCIATION OF  
RETIRED PERSONS, INC.

Principal Place of Business

Mailing Address

FRAN CARTON CENTER  
11 N FOREST AVE  
APOPKA FL 32703  
US

P.O. BOX 1856  
APOPKA FL 32704

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

94-3114521

Applied For

Not Applicable

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

WEINGARTNER, WILLIAM  
209 BONNIE GLEN LANE  
APOPKA FL 32712

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

*William Weingartner* WILLIAM WEINGARTNER TREASURER 1-11-02  
Signature, typed or printed name of registered agent and, 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 PD ☒ Delete  
NAME SNYDER, NAOMI  
STREET ADDRESS 1455 MARGARET CRESCENT DR  
CITY-ST-ZIP APOPKA FL 32703

TITLE PD ☒ Change ☐ Addition  
NAME JACK STAIGER  
STREET ADDRESS 423 CHEETAH TRAIL  
CITY-ST-ZIP APOPKA, FL 32703

TITLE VD ☐ Delete  
NAME COLLINS, TOM  
STREET ADDRESS 831 LOCH CALDER  
CITY-ST-ZIP APOPKA FL 32712

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

TITLE S ☒ Delete  
NAME FRASIER, MAC  
STREET ADDRESS 4648 CHANDLER RD  
CITY-ST-ZIP APOPKA FL

TITLE S ☒ Change ☐ Addition  
NAME NAOMI SNYDER  
STREET ADDRESS 1455 MARGARET CRESCENT DR  
CITY-ST-ZIP APOPKA, FL 32703

TITLE T ☐ Delete  
NAME WEINGARTNER, WILLIAM  
STREET ADDRESS PO BOX 1856 N/A  
CITY-ST-ZIP APOPKA FL 32704

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*William Weingartner* WILLIAM WEINGARTNER TREASURER 1-11-02 407-8899265  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)