

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90653 019 ****61.25

DOCUMENT # N45272

1. Entity Name

APOPKA CHAPTER #4664 OF AARP, 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



☐ CHECK HERE IF MAKING CHANGES

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

IN CORRECT.
CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324
(UNKNOWN)

WEINGARTNER, WILLIAM
209 BONNIE GLEN LN
APOPKA, FL. 32712
NO CHANGE

Name **WILLIAM WEINGARTNER**

Street Address (P.O. Box Number is Not Acceptable)
209 BONNIE GLEN LN,

City **APOPKA, FL** Zip Code **32712**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **William Weingartner**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-10-03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	STAIGER, JACK	
STREET ADDRESS	423 CHEETAH TRAIL	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	COLLINS, TOM	
STREET ADDRESS	831 LOCH CALDER	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SNYDER, NAOMI	
STREET ADDRESS	1455 MARGARET CRESCENT DR	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	T	<input type="checkbox"/> Delete
NAME	WEINGARTNER, WILLIAM	
STREET ADDRESS	PO BOX 1856 N/A	
CITY-ST-ZIP	APOPKA FL 32704	
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	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IRENE MANNING	
STREET ADDRESS	1751 GRAND OAKS DR	
CITY-ST-ZIP	APOPKA, FL. 32703	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARGE SACHS	
STREET ADDRESS	1334 CHEBON CT.	
CITY-ST-ZIP	APOPKA, FL. 32712	
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		

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** **1-10-03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

427
869
8265

CR2E037 (10/02)