

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91632 001 ****61.25

DOCUMENT # N49712

1. Entity Name

GREATER NORTHERN PALM BEACH CHAPTER #4736 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.

Principal Place of Business

4361 FUSCHIA CIRCLE NORTH
 PALM BEACH GARDENS FL 33410

Mailing Address

4361 FUSCHIA CIRCLE NORTH
 PALM BEACH GARDENS FL 33410



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4361 Fuschia Circle North

Suite, Apt. #, etc.

Palm Beach Gardens Fl.

City & State

Palm Beach Gardens Fl.

Zip

33410

Country

USA

3. Mailing Address

4361 Fuschia Circle North

Suite, Apt. #, etc.

Palm Beach Gardens Fl.

City & State

Palm Beach Gardens Fl.

Zip

33410

Country

USA

4. FEI Number

52-1758846

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

DANIELS, BRUCE J

336 GULFVIEW DR

#910

NORTH PALM BEACH FL 33408

7. Name and Address of New Registered Agent

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

TITLE PD
 NAME GIANASI, CHARLES A MD
 STREET ADDRESS 340 AUSTRALIAN CIRCLE
 CITY-ST-ZIP LAKE PARK FL 33403 ☒ Delete

TITLE VPD
 NAME SCHURTZ, ORA
 STREET ADDRESS 11811 AVE OF PGA-3-10
 CITY-ST-ZIP PALM BEACH GARDENS FL 33418 ☐ Delete

TITLE SD
 NAME STILWARE, EDNA
 STREET ADDRESS 4368 FUSCHIA CIRCLE NORTH
 CITY-ST-ZIP PALM BEACH GARDENS FL 33410 ☒ Delete

TITLE TD
 NAME COOK, SARAH
 STREET ADDRESS 4361 FUSCHIA CIRCLE NORTH
 CITY-ST-ZIP PALM BEACH GARDENS FL 33410 ☐ Delete

TITLE D
 NAME DANIELS, BRUCE
 STREET ADDRESS 336 GULFVIEW DRIVE #1018
 CITY-ST-ZIP NORTH PALM BEACH FL 33408 ☐ Delete

TITLE D
 NAME ADOLPH, JAY
 STREET ADDRESS 10690 AVENUE J
 CITY-ST-ZIP PALM BEACH GARDENS FL ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Kuiper, Arthur ☒ Change ☐ Addition
 NAME 3058 Guava St.
 STREET ADDRESS Palm Beach Gardens Fl. 33410
 CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE vacant at present ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

TITLE GIANASI, Charles M.D. ☒ Change ☐ Addition
 NAME 340 Australian Circle
 STREET ADDRESS Lake Park, Fl. 33403
 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: SARAH COOK
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15/02 561-627-2598
 Date Daytime Phone #

CR2E037 (9/01)