

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 22, 2002 8:00 am**  
**Secretary of State**

07-22-2002 90155 038 \*\*\*\*61.25

**DOCUMENT # N51419**

1. Entity Name

**NORTH ST. LUCIE COUNTY CHAPTER #4756 OF AARP, IN C.**

Principal Place of Business

Mailing Address

SLCCV  
 FT. PIERCE FL 34951  
 US

JAMES PENTZ PRES  
 159 CALLE DEL LAGOS  
 FT. PIERCE FL 34951  
 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

**94-3152318**

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

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

Name **JAMES L. PENTZ**

Street Address (P.O. Box Number is Not Acceptable)

**159 CALLE DE LAGOS**

City

**FT PIERCE FL**

**FL**

Zip Code

**34951**

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

SIGNATURE

*James L. Pentz*

(NOTE: Registered Agent signature required when reinstating)

DATE

**7/16/02**

**After September 13, 2002,  
 min. will be \$236.25.**

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 **PENTZ, JAMES**  
 STREET ADDRESS **159 CALLE DE LAGOS**  
 CITY-ST-ZIP **FORT PIERCE FL 34951**

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

TITLE **VPD** ☐ Delete  
 NAME **DANFORTH, EVELYN**  
 STREET ADDRESS **31 VISTA DE LAGUNA**  
 CITY-ST-ZIP **FORT PIERCE FL 34951**

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

TITLE **TD** ☐ Delete  
 NAME **BRADLEY, JOHN**  
 STREET ADDRESS **133 CALLE DE LAGOS**  
 CITY-ST-ZIP **FORT PIERCE FL 34951**

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

TITLE **SD** ☐ Delete  
 NAME **BRADLEY, BETTY**  
 STREET ADDRESS **133 CALLE DE LAGOS**  
 CITY-ST-ZIP **FORT PIERCE FL 34951**

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

TITLE **D** ☐ Delete  
 NAME **KOVACS, MARY**  
 STREET ADDRESS **22 ECUADOR WAY**  
 CITY-ST-ZIP **FT. PIERCE FL**

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

TITLE **D** ☐ Delete  
 NAME **BUZZELLI, KRAUK**  
 STREET ADDRESS **78 LAS CASITAS**  
 CITY-ST-ZIP **FORT PIERCE FL 34951**

TITLE ☒ Change ☐ Addition  
 NAME **D**  
 NAME **BUZZELLI FRANK**  
 STREET ADDRESS **78 LAS CASITAS**  
 CITY-ST-ZIP **FORT PIERCE FL 34951**

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:

*James L. Pentz*

**7/16/02**

**772-466-4184**

CR2E037 (4/02)