

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N92000000079

1. Entity Name

EAST HERNANDO CHAPTER #4765 OF AMERICAN ASSOCIATION OF  
RETIRED PERSONS

Principal Place of Business

Mailing Address

C/O ARTHUR BOEHLING  
30435 PARK RIDGE DR.  
BROOKSVILLE FL 34602  
US

30435 PARK RIDGE DRIVE  
BROOKSVILLE FL 34602-7537

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

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

BOEHLING, ARTHUR H  
30435 PARK RIDGE DRIVE  
BROOKSVILLE FL 34602

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 PD ☐ Delete  
NAME MOCKLER, BETTY  
STREET ADDRESS 7130 LEXINGTON CIRCLE  
CITY-ST-ZIP BROOKSVILLE FL 34602

TITLE PD ☒ Change ☐ Addition  
NAME BOEHLING, ARTHUR H.  
STREET ADDRESS 30435 PARK RIDGE DRIVE  
CITY-ST-ZIP BROOKSVILLE, FL 34602

TITLE VD ☐ Delete  
NAME BOEHLING, ARTHUR H.  
STREET ADDRESS 30435 PARK RIDGE DRIVE  
CITY-ST-ZIP BROOKSVILLE FL 34602

TITLE VD ☒ Change ☐ Addition  
NAME MOCKLER, BETTY  
STREET ADDRESS 7130 LEXINGTON CIRCLE, BROOKSVILLE FL 34602

TITLE SD ☐ Delete  
NAME FANITNE, RITA  
STREET ADDRESS 6383 SHADYWOOD LANE  
CITY-ST-ZIP BROOKSVILLE FL 34602

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

TITLE TD ☐ Delete  
NAME WALTON, MAZIE  
STREET ADDRESS 31204 LANCEWOOD DRIVE  
CITY-ST-ZIP BROOKSVILLE FL 34602

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

TITLE D ☐ Delete  
NAME BOEHLING, RUTH  
STREET ADDRESS 30435 PARK RIDGE DRIVE  
CITY-ST-ZIP BROOKSVILLE FL 34602-7537

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

TITLE D ☐ Delete  
NAME BEYER, MARGARET  
STREET ADDRESS 30440 WILLOWBANK AVE  
CITY-ST-ZIP BROOKSVILLE FL 34602

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)