

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000001278

1. Entity Name

KEYSTONE HEIGHTS CHAPTER #4813 OF AMERICAN ASSOC

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90119 013 ****61.25

Principal Place of Business

Mailing Address

ST. ANNE'S CHURCH
MAGNOLIA STREET
KEYSTONE HEIGHTS FL 32656
US

AARP
P.O. BOX 822
KEYSTONE HTS. FL 32656-0822
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

94-3156279

Applied For

Not Applicable

Zip

Country

Zip

Country

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

TRISTANI, MILDRED
7675 SILVER SANDS ROAD
KEYSTONE HEIGHTS FL 32656

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

Mildred S. Tristani

Mildred (Mickey) S. Tristani - Chapter President

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 P ☐ Delete
NAME TRISTANI, MILDRED
STREET ADDRESS 7675 SILVER SANDS ROAD
CITY-ST-ZIP KEYSTONE HEIGHTS FL 32656

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

TITLE VP ☐ Delete
NAME HAIRE, OPAL J
STREET ADDRESS P.O. BOX 1013
CITY-ST-ZIP KEYSTONE HEIGHTS FL 32656

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

TITLE T ☐ Delete
NAME SCOTT, LILAN
STREET ADDRESS P.O. BOX 248
CITY-ST-ZIP MELROSE FL 32666

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

TITLE S ☐ Delete
NAME PHILLIPS, NAOMI
STREET ADDRESS 699-D PARK DRIVE
CITY-ST-ZIP KEYSTONE HEIGHTS FL 32656

TITLE S ☒ Change ☐ Addition
NAME Bowser, Eileen
STREET ADDRESS 7700 Oak Forest Rd
CITY-ST-ZIP Keystone Hts FL 32656

TITLE D ☐ Delete
NAME CHASE, ALVA
STREET ADDRESS 109 FOREST HILL ROAD
CITY-ST-ZIP MELROSE FL 32666

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

TITLE D ☐ Delete
NAME COONEY, LOUISE
STREET ADDRESS 5830 HILLRIDGE RD
CITY-ST-ZIP KEYSTONE HTS FL 32656

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:

Mildred (Mickey) S. Tristani

Mildred (Mickey) S. Tristani 352-473-30

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/2000 Date

Daytime Phone #