

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90004 029 ****61.25

DOCUMENT # N93000001278

1. Entity Name

KEYSTONE HEIGHTS CHAPTER #4813 OF AMERICAN ASSOC

Principal Place of Business
ST. ANNE'S CHURCH
MAGNOLIA STREET
KEYSTONE HEIGHTS FL 32656
US

Mailing Address
AARP
P.O. BOX 822
KEYSTONE HTS. FL 32656
US

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DO NOT WRITE IN THIS SPACE

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEF 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 **T** ☒ Change ☐ Addition
 NAME **MILDRED LAWSON**
 STREET ADDRESS **PO Box 843**
 CITY-ST-ZIP **Keystone Hts FL 32656**

TITLE **S** ☐ Delete
 NAME **BOWSER, EILEEN**
 STREET ADDRESS **7700 OAK FOREST RD**
 CITY-ST-ZIP **KEYSTONE HEIGHTS FL 32656**

TITLE **S** ☒ Change ☐ Addition
 NAME **Sandra Barnawell**
 STREET ADDRESS **PO Drawer F**
 CITY-ST-ZIP **Lake Geneva FL 32160**

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:

Signature Required
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/13/01 (352) 473-3038

CR2E037 (10/00)