

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000001278

1. Entity Name

KEYSTONE HEIGHTS CHAPTER #4813 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.

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

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

94-3156279

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

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 J. Tristani 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 LAWSON, MILDRED  
STREET ADDRESS PO BOX 843  
CITY-ST-ZIP KEYSTONE HEIGHTS FL 32656

TITLE ☒ Change ☐ Addition  
NAME T  
STREET ADDRESS Haire Joe B.  
CITY-ST-ZIP P O Box 1013  
KEYSTONE HEIGHTS FL 32656

TITLE S ☐ Delete  
NAME BARNAWELL, SANDRA  
STREET ADDRESS PO DRAWER F  
CITY-ST-ZIP LAKE GENEVA FL 32160

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

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 D  
STREET ADDRESS Donald Pettit  
CITY-ST-ZIP 150 SW 5th Ave  
Lake Butler FL 32054

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: *JOHN B. HAIRE JR. B. J. Haire*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-12-02

CR2E037 (9/01)