

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

04-11-2002 90013 007 \*\*\*\*61.25

0089406

**DOCUMENT # N95000002900**

1. Entity Name

**MID-ORLANDO CHAPTER #5046 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.**

Principal Place of Business

Mailing Address

9947 DEAN OAKS CT  
ORLANDO FL 32825  
US

9947 DEAN OAKS CT  
ORLANDO FL 32825  
US

2. Principal Place of Business

3. Mailing Address

4360 S. Lake Orlando Pkwy  
Suite, Apt. #, etc.

4360 S. Lake Orlando Pkwy  
Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Orlando FL

Zip

32808

Country

Orange

Zip

32808

Country

Orange



DO NOT WRITE IN THIS SPACE

4. FEI Number

52-1892261

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

STAUFFER, HELEN F  
9947 DEAN OAKS CT  
ORLANDO FL 32825

Name: Bonnye Angles  
Street Address (P.O. Box Number is Not Acceptable):

4360 S. Lake Orlando Pkwy  
City: Orlando FL 32808

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

Bonnye Angles

Signature, typed or printed name of registered agent and fee 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  
NAME: STRANGE, WILLIAM J  
STREET ADDRESS: P O BOX 311  
CITY-ST-ZIP: ORLANDO FL 32801 ☐ Delete

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

TITLE: VD  
NAME: SARDUCCI, FRANK  
STREET ADDRESS: 1332 W YALE ST  
CITY-ST-ZIP: ORLANDO FL 32804 ☒ Delete

TITLE: VP  
NAME: Sargent, Philbrook F  
STREET ADDRESS: 12 W. Vanderbilt St.  
CITY-ST-ZIP: Orlando FL 32801 ☒ Change ☐ Addition

TITLE: SD  
NAME: GENNARI, LEE  
STREET ADDRESS: 7529 COMPASS DR  
CITY-ST-ZIP: WINTER PARK FL 32792 ☐ Delete

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

TITLE: TV  
NAME: STAUFFER, HELEN  
STREET ADDRESS: 9947 DEAN OAKS CT  
CITY-ST-ZIP: ORLANDO FL 32825 ☒ Delete

TITLE: TV  
NAME: Angles, Bonnye  
STREET ADDRESS: 4360 S. Lake Orlando Pkwy  
CITY-ST-ZIP: Orlando FL 32808 ☒ Change ☐ Addition

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

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

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

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

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:

Bonnye Angles

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-02

407-290-1594

Date

Daytime Phone #

CR2E037 (9/01)