2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9500002929

1. Entity Name

KINGS POINT/TAMARAC CHAPTER #5054 OF AARP, INC.



FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90089 003 ****61.25

NAME SIREET ADDRESS TOTY-ST-ZIP TITLE NAME SINGER, BERNARD SINGER, BERNARD SIREET ADDRESS CITY-ST-ZIP TITLE SINGER, PHYLLIS NAME SIREET ADDRESS TREET ADDRESS TREET ADDRESS TOTY-ST-ZIP TITLE NAME SIREET ADDRESS TOTY-ST-ZIP TITLE S NAME SIREE STREET ADDRESS CITY-ST-ZIP TITLE S NAME SIREE STREET ADDRESS TOTY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP TAMARAC FL 3 33 2-1 TITLE NAME SIREET ADDRESS CITY-ST-ZIP TAMARAC FL 3 33 2-1 TITLE NAME SIREET ADDRESS CITY-ST-ZIP TAMARAC FL 3 33 2-1 TITLE NAME SIREET ADDRESS CITY-ST-ZIP TAMARAC FL 3 33 2-1					EILE				
COLEO KEMAN TAMARA C R. 3321 2. Pirropal Pace of Business Suite, Apt # etc. Suite, Apt	Principal Plac	ce of Business	Mailing Address						
Surie, Apt. # etc. City & State City & State City & State Country Zip Country Zip Country Zip Country Zip Country Zip Country Zip Country S. Certificate of Status Desired 88. 75 Accidence of Sea Regulatored Agent Name C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION R 133324*: City City FL Zip Coop Additional of registered agent, or both, in the State of Florida. I am familiar with, and succe the obligations of registered agent, or both, in the State of Florida. I am familiar with, and succe the obligations of registered agent, or both, in the State of Florida. I am familiar with, and succe the obligations of registered agent, or both, in the State of Florida. I am familiar with, and succe the obligations of registered agent, or both, in the State of Florida. I am familiar with, and succe the obligations of registered agent, or both, in the State of Florida. I am familiar with, and succe the obligations of registered agent, or both, in the State of Florida. I am familiar with, and succe the obligations of registered agent, or both, in the State of Florida. I am familiar with, and succe the obligations of registered agent, or both, in the State of Florida. I am familiar with, and succe the obligations of registered agent, or both, in the State of Florida. I am familiar with, and succe the obligations of registered agent, or both, in the State of Florida. I am familiar with, and succe the obligations of registered agent, or both, in the State of Florida. I am familiar with, and succe the obligations of registered agent, or both, in the State of Florida. I am familiar with, and succe the obligations of registered agent, or both, in the State of Florida. I am familiar with, and succe the obligations of registered agent, or both, in the State of Florida. I am familiar with, and succe the obligations of registered agent, or	C/O LEO KLEIMAN		C/O LEO KLEIMAN		1 (40) (10) (10)	DI MISHI ABIIK ABIII ABIII ABAK BA	I !3 8810 8110	(850 1816 1 0 0)	
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S. Name and Address of Current Registered Agent 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 8. The Address of New Registered Agent 8. The Address of New Registered Agent 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324. City FL Zip Cooc 8. The advove named entity, submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accellate objects of registered agent. 8. The advove named entity, submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accellate objects of registered agent. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 THE SHORT AGENTS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 15. Change Additional Peace Agent	Suite, Apt. #, etc.		Suite, Apt. #, etc.		<u>m</u> o	CHECK HERE IF MAKING CHANGES			
Signer address of Country	City & State		City & State		4. FEI Number 52	4. FEI Number 52-1882783			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION RT 33324. Size address (P.O. Box Number is Not Acceptable) 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 agent, or both, in the State of Florida. I am familiar with, and acceptable the obligations of registered agent. SIGNATURE SUBMEMAN, typed or printed name of registered superit and tick it application. SIGNATURE SUBMEMAN, typed or printed name of registered superit and tick it application. SIGNATURE SIGNATURE SUBMEMAN, typed or printed name of registered superit and tick it application. SIGNATURE	Zip Country		Zip Country		5. Certificate of Sta			75 Additional	
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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 4

1/8/03 726-676-6