

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 21, 2001 8:00 am**  
**Secretary of State**

05-24-2001 90001 004 \*\*\*\*61.25

DOCUMENT # **N95000005516**

1. Entity Name

**Auburndale Florida Chapter #5084**  
**of American association of Retired People**

Principal Place of Business

Mailing Address

**1060 Half Acre Rd**  
**Auburndale, FL 33823**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

**1060 Half Acre Rd**  
 Suite, Apt. #, etc.

City & State

City & State

**Auburndale, FL**

**Auburndale, FL**

Zip

Country

Zip

Country

**33823**

**USA**

**33823**

**USA**

4. FEI Number

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

**Miriam E. Douglas**  
**1060 Half Acre Rd**  
**Auburndale, FL 33823**  
**A**

Name

**Alma Fern Blakley**  
 Street Address (P.O. Box Number is Not Acceptable)

**1060 Half Acre Rd**  
**Auburndale, FL 33823**

City

**Auburndale, FL**

FL

Zip Code

**33823**

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

*Alma Fern Blakley*

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

(NOTE: Registered Agent signature required when reappointing)

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Miriam E. Douglas 1060 Half Acre Rd. Auburndale, FL 33823	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Charles F. Husted	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Alma Fern Blakley 1060 Half Acre Rd, Auburndale, FL 33823	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Charles F. Husted 1450 West Derby Ave. Auburndale, FL 33823	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Mary Monasco 411 Liberty Drive/Westside Auburndale, FL 33823	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Miriam E. Douglas 1060 Half Acre Rd Auburndale, FL 33823	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

*Alma Fern Blakley*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/28/2001** **665-8860**

Date

Daytime Phone #

CR2E037 (1/1/00)