

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 28, 2002 8:00 am**  
**Secretary of State**

01-28-2002 90059 035 \*\*\*\*61.25

**DOCUMENT # N96000001055**

1. Entity Name

**SOUTHWEST ORLANDO CHAPTER #5103 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.**

Principal Place of Business

**11971 OTTAWA AVENUE  
 ORLANDO FL 32837**

Mailing Address

**11971 OTTAWA AVENUE  
 ORLANDO FL 32837**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**52-1930318**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fees Required**

6. Name and Address of Current Registered Agent

**ANDERSEN, DOROTHY A  
 11971 OTTAWA AVENUE  
 ORLANDO FL 32837**

7. Name and Address of New Registered Agent

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: 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 **PD** ☐ Delete  
 NAME **ANDERSEN, DOROTHY A**  
 STREET ADDRESS **11971 OTTAWA AVENUE**  
 CITY-ST-ZIP **ORLANDO FL 32837**

TITLE **VPP** ☐ Delete  
 NAME **FORTUNE, ALBERT DR**  
 STREET ADDRESS **3749 OCLTA DR**  
 CITY-ST-ZIP **ORLANDO FL 32837**

TITLE **SD** ☐ Delete  
 NAME **CHAMPLEY, ANN**  
 STREET ADDRESS **11538 THURSTON WAY**  
 CITY-ST-ZIP **ORLANDO FL 32837**

TITLE **TD** ☐ Delete  
 NAME **CHAPMAN, CHARLES W JR.**  
 STREET ADDRESS **13416 BELOIT WOODS LANE**  
 CITY-ST-ZIP **ORLANDO FL 32824-9410**

TITLE **D** ☐ Delete  
 NAME **HURST, DARLENE**  
 STREET ADDRESS **2735 ROLLING BROOK DR**  
 CITY-ST-ZIP **ORLANDO FL 32837**

TITLE **D** ☐ Delete  
 NAME **ANDERSEN, RUSSELL A JR.**  
 STREET ADDRESS **11971 OTTAWA AVENUE**  
 CITY-ST-ZIP **ORLANDO FL 32837**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition  
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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

**CHARLES W. CHAPMAN - TREAS.** 1-14-02 407-240-0226

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)