

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002212

1. Entity Name

TEMPLE TERRACE CHAPTER #5194 OF AMERICAN ASSOCIA

TION OF Retired Persons, Inc.

Principal Place of Business

Mailing Address

5206 E 127TH AVE
TAMPA FL 33617
US

5206 E 127TH AVE
TAMPA FL 33617-1436
US

2. Principal Place of Business

6321 Misty Terrace
Suite, Apt. #, etc.

3. Mailing Address

6321 Misty Terrace
Suite, Apt. #, etc.

City & State

Temple Terrace, Fla

City & State

Temple Terrace

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HAMIL, IRMA
11003 RICHLYNE ST
TEMPLE TERRACE FL 33617

7. Name and Address of New Registered Agent

Name

Bettie Hunsinger

Street Address (P.O. Box Number is Not Acceptable)

6321 Misty Terrace

City

Temple Terrace, FL

FL

Zip Code

33617

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	<input checked="" type="checkbox"/> Delete
NAME	CLARKE, GEORGE	
STREET ADDRESS	5206 E 127TH AVE	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MARQUETTE, ROBERT	
STREET ADDRESS	6201 TANAGER PL	
CITY-ST-ZIP	TEMPLE TERRACE FL 33617	
TITLE	SD	<input type="checkbox"/> Delete
NAME	RUSH, NORMA	
STREET ADDRESS	17634 ESPRIT DR	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	HAMIL, IRMA	
STREET ADDRESS	11003 RICHLYNE ST	
CITY-ST-ZIP	TEMPLE TERRACE FL 33617	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FULLER, PHYLLIS	
STREET ADDRESS	507 BON AIR AVE	
CITY-ST-ZIP	TEMPLE TERRACE FL 33617	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CLARKE, LOUISE	
STREET ADDRESS	5206 E. 127TH AVE.	
CITY-ST-ZIP	TAMPA FL 33617	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alice Plate	
STREET ADDRESS	6130 E. Whiteway Dr	
CITY-ST-ZIP	Temple Terrace, FL 33617	
TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert Marquette	
STREET ADDRESS	6201 Tanager Pl	
CITY-ST-ZIP	Temple Terrace, FL 33617	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bettie Hunsinger	
STREET ADDRESS	6321 Misty Terrace	
CITY-ST-ZIP	Temple Terrace, FL 33617	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Evelyn Carter	
STREET ADDRESS	11866 Northtrail Arc	
CITY-ST-ZIP	Temple Terrace, FL 33617	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lake Mullen	
STREET ADDRESS	5104 Puritan Dr	
CITY-ST-ZIP	Temple Terrace, FL 33617	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Herman Easter	
STREET ADDRESS	402 S. Riverhills	
CITY-ST-ZIP	Temple Terrace, FL 33617	

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bettie Hunsinger, Treasurer
Bettie Hunsinger

Date

4-22-2000 813-989-2311

Daytime Phone #

CR2E037 (9/99)