

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2002 8:00 am**  
**Secretary of State**

02-26-2002 90112 037 \*\*\*\*61.25

**DOCUMENT # N97000004388**

1. Entity Name

**LAKES & HILLS CHAPTER #5199 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.**

Principal Place of Business

**CLERMONT RECREATION CTR  
 466 MINEOLA ST  
 CLERMONT FL 34711  
 US**

Mailing Address

**MARTHA WILSON  
 4144 KINGSLEY ST.  
 CLERMONT FL 34711  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**NOT APPLICABLE**

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

**WILSON MARTHA  
 4144 KINGSLEY ST.  
 CLERMONT FL 34711**

**DEPARTMENT OF STATE**

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

*Martha Wilson*

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
 NAME **PD WILSON, BARBARA**  
 STREET ADDRESS **4144 KINGSLEY ST.**  
 CITY-ST-ZIP **CLERMONT FL 34711**

TITLE ☐ Change ☐ Addition  
 NAME *Martha Wilson*  
 STREET ADDRESS *4144 Kingsley St.*  
 CITY-ST-ZIP *Clermont FL 34711*

TITLE ☐ Delete  
 NAME **VD CAMPBELL, JUNE**  
 STREET ADDRESS **102 PATRICIA ST.**  
 CITY-ST-ZIP **CLERMONT FL 34711**

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

TITLE ☐ Delete  
 NAME **SD BURRIS, EVELYN**  
 STREET ADDRESS **1475 10TH ST.**  
 CITY-ST-ZIP **CLERMONT FL 34711**

TITLE ☒ Change ☐ Addition  
 NAME *SD CARROLL, KARIN*  
 STREET ADDRESS *9739 WEDGEWOOD LANE*  
 CITY-ST-ZIP *LEEESBURG, FL 34711*

TITLE ☐ Delete  
 NAME **TD AUSMUS, ELAINE**  
 STREET ADDRESS **13147 SUBURBAN TERRACE**  
 CITY-ST-ZIP **WINTER GARDEN FL 34787**

TITLE ☒ Change ☐ Addition  
 NAME *TD RICHARD LEEDOM, SR.*  
 STREET ADDRESS *1629 MORNING DRIVE*  
 CITY-ST-ZIP *CLERMONT, FL 34711*

TITLE ☐ Delete  
 NAME **D BURRIS, DONALD**  
 STREET ADDRESS **1475 10TH ST.**  
 CITY-ST-ZIP **CLERMONT FL 34711**

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

TITLE ☐ Delete  
 NAME **D HENDRIX, NANCY**  
 STREET ADDRESS **2142 HELMSLEY CIRCLE**  
 CITY-ST-ZIP **CLERMONT FL 34711**

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:

*Martha Wilson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)