2/2

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Apr 02, 2002 8:00 am**
**Secretary of State**
02-20-2002 90128 013 ****61.25

DOCUMENT # N97000004614

1. Entity Name
LAKE REGION CHAPTER #5210 OF AMERICAN ASSOCIATIO N OF RETIRED PERSONS, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| PO BOX 91274<br>92 POWDER HORN ROW<br>LAKELAND FL 33809 | PO BOX 91274<br>92 POWDER HORN ROW<br>LAKELAND FL 33809 |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Lake Region AARP | Lake Region AARP |
| Suite, Apt. #, etc.: 3552 Raintree Ct. | Suite, Apt. #, etc.: PO Box 92285 |
| City & State: Lakeland FL | City & State: Lakeland FL |
| Zip: 33803-4906 / Country: Polk | Zip: 33804-2285 / Country: Polk |

4. FEI Number: 52-2040712 — 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 |
|---|---|
| THIELE, KARL<br>692 POWDER HORN ROW<br>LAKELAND FL 33809 | Name: Mrs. Lola Williams<br>Street Address (P.O. Box Number is Not Acceptable): 3552 Raintree Ct.<br>City: Lakleland FL<br>State: FL<br>Zip Code: 33803 |

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: x Lola Williams — DATE: 3/14/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 DIRORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE | DP | ☒ Delete | TITLE | DP | ☐ Change ☒ Addition |
| NAME | FOX, MERCEDES M | | NAME | Lola Williams | |
| STREET ADDRESS | 2924 WILLOW AVENUE | | STREET ADDRESS | 3552 Raintree Ct. | |
| CITY-ST-ZIP | LAKELAND FL 33803 | | CITY-ST-ZIP | Lakeland 3380 | |
| TITLE | DS | ☐ Delete | TITLE | | ☐ Change ☐ Addition |
| NAME | GIESEMAN, DOROTHY | | NAME | | |
| STREET ADDRESS | 6091 WATERWOOD WAY | | STREET ADDRESS | | |
| CITY-ST-ZIP | BARTOW FL 33830 | | CITY-ST-ZIP | | |
| TITLE | DC | ☒ Delete | TITLE | | ☐ Change ☐ Addition |
| NAME | SCHWEBKE, KARL | | NAME | | |
| STREET ADDRESS | 1706 FREDERICKSBURG | | STREET ADDRESS | | |
| CITY-ST-ZIP | LAKELAND FL 33801 | | CITY-ST-ZIP | | |
| TITLE | DT | ☐ Delete | TITLE | | ☐ Change ☐ Addition |
| NAME | MCDONALD, ALLAN | | NAME | | |
| STREET ADDRESS | 729 CONCORD LANE | | STREET ADDRESS | | |
| CITY-ST-ZIP | LAKELAND FL 33809 | | CITY-ST-ZIP | | |
| TITLE | DV | ☒ Delete | TITLE | DT | ☒ Change ☐ Addition |
| NAME | WILLIAMS, LOLA | | NAME | Karl Thiele | |
| STREET ADDRESS | 3552 RAINTREE CT | | STREET ADDRESS | PO Box 91274 | |
| CITY-ST-ZIP | LAKELAND FL 33803 | | CITY-ST-ZIP | Lakeland FL 33804-1274 | |
| TITLE | DC | ☒ Delete | TITLE | DV | ☒ Change ☐ Addition |
| NAME | JONES, SHIRLEE | | NAME | Ann Shuman | |
| STREET ADDRESS | 1516 FERN PLACE | | STREET ADDRESS | 1356 W. Lake Bonny Dr. W. | |
| CITY-ST-ZIP | LAKELAND FL 33803 | | CITY-ST-ZIP | Lakeland FL 33801 | |

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 — 02-02-02 — 863-647-5924
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (9/01)