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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 92 POWDER HORN ROW LAKELAND FL 33809	PO BOX 91274 92 POWDER HORN ROW 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

THIELE, KARL
692 POWDER HORN ROW
LAKELAND FL 33809

7. Name and Address of New Registered Agent

Name: Mrs. Lola Williams
Street Address (P.O. Box Number is Not Acceptable): 3552 Raintree Ct.
City: Lakeland FL **FL** 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 3/14/02
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP FOX, MERCEDES M 2924 WILLOW AVENUE LAKELAND FL 33803	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP Lola Williams 3552 Raintree Ct. Lakeland 3380	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS GIESEMAN, DUNCAN 6091 WATERWOOD WAY BARTOW FL 33830	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC SCHWEBKE, KARL 1706 FREDERICKSBURG LAKELAND FL 33801	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT MCDONALD, ALLAN 729 CONCORD LANE LAKELAND FL 33809	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV WILLIAMS, LOLA 3552 RAINTREE CT LAKELAND FL 33803	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT Karl Thiele PO Box 91274 Lakeland FL 33804-1274	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC JONES, SHIRLEE 1516 FERN PLACE LAKELAND FL 33803	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV Ann Shuman 1356 W. Lake Bonny Dr. W. Lakeland FL 33801	☒ Change ☐ Addition

CR2E037 (9/01)

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