

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 736740

1. Entity Name

FLORIDA CHAPTER OF THE 8TH AIR FORCE HISTORICAL

Principal Place of Business

1428 GLENEAGLES DRIVE
VENICE FL 34292
US

Mailing Address

1428 GLENEAGLES DRIVE
VENICE FL 34292
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

59-2547168

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROCHE, WILLIAM J
1428 GLENEAGLES DR
VENICE FL 34292

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 NAME STREET ADDRESS CITY-ST-ZIP	PD NOLAN, ROBERT H 2676 AUGUSTA DRIVE, NORTH CLEARWATER FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HARDIN, M.B. 2374 PORT MARNOCH LN. SPRING HILL FL 34606	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LINDEN, JARL N 801 OLEANDER ST ENGLEWOOD FL 34223	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROCHE, WILLIAM J 1428 GLENEAGLES DRIVE VENICE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIARRA, NICHOLAS 1269 CYPREE TRACE DR MELBOURNE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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:

WILLIAM J. ROCHE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90073 014 ****70.00

00008037



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)