

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90135 024 ****61.25

0037186

DOCUMENT # 739136

1. Entity Name

RETIRED OFFICERS ASSOCIATION - BROWARD COUNTY CH

Principal Place of Business

**BROWARD COUNTY
 BROWARD COUNTY FL**

Mailing Address

**P O BOX 771042
 CORAL SPRINGS FL 33072
 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

65-0225164

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

**TOTINO, WILLIAM P COL
 3280 SPANISH MOSS TERRACE 310
 LAUDERHILL FL 33319**

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

Col William P Totino

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/6/01

**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** ☐ Delete
 NAME **TOTINO, WILLIAM P COL**
 STREET ADDRESS **3280 SPANISH MOSS TERRACE 310**
 CITY-ST-ZIP **POMPAHO BEACH FL 33060**

TITLE **1VPD** ☐ Delete
 NAME **TRICHILO, SAM LTC**
 STREET ADDRESS **10924 N.W. 41ST DR**
 CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE **2VPD** ☐ Delete
 NAME **RACCOY, CHARLES H LTC**
 STREET ADDRESS **1150-703 HILLSBOROUGH MILE**
 CITY-ST-ZIP **HILLSBORO BEACH FL 33062**

TITLE **3VPD** ☒ Delete
 NAME **BRAY, JOHN LTC**
 STREET ADDRESS **1306 CAMELLIA CIR**
 CITY-ST-ZIP **WESTON FL 33326**

TITLE **SD** ☒ Delete
 NAME **MUTCH, JOHN R**
 STREET ADDRESS **8251 NW 3RD PLANET**
 CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE **TMD** ☐ Delete
 NAME **CORKEN, JACK C**
 STREET ADDRESS **8645 RAMBLEWOOD DR**
 CITY-ST-ZIP **CORAL SPRINGS FL 33071**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE **2VPD** ☒ Change ☐ Addition
 NAME **RADCOY, CHARLES H. LTC**
 STREET ADDRESS **1150-703 HILLSBOROUGH MILE**
 CITY-ST-ZIP **HILLSBORO BEACH FL 33062**

TITLE **3VPD** ☒ Change ☐ Addition
 NAME **O'BRIEN, DONALD C. LTC.**
 STREET ADDRESS **12244 NW 30TH AVE**
 CITY-ST-ZIP **CORAL SPRINGS, FL 33065**

TITLE **SD** ☒ Change ☐ Addition
 NAME **COURTEA FLORENCE MRS**
 STREET ADDRESS **2341 SW 26TH AVE**
 CITY-ST-ZIP **FT. LAUDERDALE, FL 33312**

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:

Jack C. Corken **RE Jack C. Corken, Treasurer**

1/6/01

954-753-7515

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)