FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Feb 13, 2001 8:00 am **DOCUMENT # 754287** Secretary of State 1. Entity Name PENSACOLA CHAPTER, INC., THE RETIRED OFFICERS AS 02-13-2001 90606 031 \*\*\*\*61.25 Principal Place of Business Mailing Address P.O. BOX 4979 P.O. BOX 4979 PENSACOLA FL 32507 PENSACOLA FL 32507 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 58<del>-9</del>033907 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) DUCOTE, RICHARD DYNASTY DR. PENSACOLA FL 32514 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing FILE NOW: **\$5.00** May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. D **X** Change ☐ Addition TITLE TITLE Delete HEITER TONY NAME NAME HEITER, TONY PO BOX 3471 STREET ADDRESS STREET ADDRESS PO BOX 3471 GULF SHORES AL 36947 CITY-ST-7IP CITY-ST-ZIP **GULF SHORES AL 36947** Change ☐ Addition TITLE D Delete TITLE ZICKERT MARTIN 3142 OXFORD CIR NAME ZICKERT, MARTIN NAME STREET ADDRESS STREET ADDRESS 3142 OXFORD CIR CITY-ST-ZIP CITY-ST-ZIP GULF ShorES AL 32561 **GULF SHORES AL 32561** Addition TITLE X Delete TITLE ☐ Change VANN MILHEIM, VANN NAME CASKILL, PATRICK NAME 3001 MARCUS POINTE BLUD STREET ADDRESS STREET ADDRESS 1850 INTERSTATE CIRCLE PENSACOLA FL 32505 CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32526 TITLE Delete TITLE ☐ Change **Addition** O'CONNOR, DANIEL J. NAME NAME SUTTON, TIM 1913 FILLY RD STREET ADDRESS STREET ADDRESS 1535 OAK SHORE DR. CITY-ST-ZIP CITY-ST-ZIP CANTONMENT, FL 32533 **GULF BREEZE FL 32526** ☐ Delete TITI F Change ☐ Addition TITLE NAME NAME DUCOTE, RICHARD STREET ADDRESS STREET ADDRESS 5401 DYNASTY DR CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32504 TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME ENGLANDER, OWEN STREET ADDRESS 4631 BAYBREAK DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP PENSACOLA FL 32514 12. I hereby certify that the information supplied with the 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 regiver or trustee exposured to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

DANIEL J. O'CONNOR 2/6/01 (850) 937-0015 SIGNATURE:

all other like empowered.

of the corporation or the recei changed, or on an attachmen