2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2001 8:00 am
Secretary of State
03-15-2001 90207 042 ****70.00

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DOCUMENT # 769347

1. Entity Name

THE FLORIDA GOLD COAST CHAPTER, RETIRED OFFICERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5991 SW 85 ST SOUTH MIAMI FL 33143	5991 SW 85 ST SOUTH MIAMI FL 33143

DO NOT WRITE IN THIS SPACE

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 59-2344552 ☐ 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
WRIGHT, WILLIAM D JR 5991 SW 85 ST SOUTH MIAMI FL 33143	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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SHURTLEFF, RODGER W JR 1049 CATALONIA AVE CORAL GABLES FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD JOHNSON, MERLIN E. P.O. BOX 141143 N/A CORAL GABLES FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition CORAL GABLES, FL 33134
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD WRIGHT, WILLIAM D JR 5991 S.W. 85TH ST. SOUTH MIAMI FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition SOUTH MIAMI, FL 33143
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP LAMIS, NICHOLAS JR 13100 SW 104 CT MIAMI FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ☒ Change ☐ Addition MIAMI, FL 33176
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LAMIS, NICHOLAS JR 13100 SW 104 CT MIAMI FL 33176	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ROSEN, MARTY 1120 MANATI AVE CORAL GABLES FL 33146	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/00)

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 D. Wright SIGNATURE REQUIRED 12 March 2001 (305) 666-4115
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

633759 attachment #769347

DOCUMENT # 769347

1. Corporation Name

THE FLORIDA GOLD COAST CHAPTER, RETIRED OFFICERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1545 MATARO AVE. CORAL GABLES FL 33146-9420	1545 MATARO AVE. CORAL GABLES FL 33146-9420

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21 5991 SW 85 ST	26 5991 SW 85 ST	07/13/1983
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2344552 ☐ Applied For ☐ Not Applicable
City & State 23 SOUTH MIAMI, FL	City & State 28 SOUTH MIAMI, FL	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 33143 25	Zip / Country 29 33143 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BOONE,, CAREY 1545 MATARO AVE. CORAL GABLES FL 33146-9420	81 Name: WILLIAM D. WRIGHT, JR. 82 Street Address (P.O. Box Number is Not Acceptable): 5991 SW 85 ST 83 84 City: SOUTH MIAMI FL 85 Zip Code: 33143

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: William D. Wright / 30 January 1999
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☑ Change ☐ Addition
NAME	SHURTLEFF, RODGER W JR		1.2 NAME		
STREET ADDRESS	1049 CATALONIA AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL		1.4 CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	SD	☐ DELETE	2.1 TITLE		☑ Change ☐ Addition
NAME	JOHNSON, MERLIN E.		2.2 NAME		
STREET ADDRESS	P.O. BOX 141143 N/A		2.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL		2.4 CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	TD	☐ DELETE	3.1 TITLE		☑ Change ☐ Addition
NAME	WRIGHT, WILLIAM D.		3.2 NAME	WRIGHT, WILLIAM D. JR	
STREET ADDRESS	5991 S.W. 85TH ST.		3.3 STREET ADDRESS		
CITY-ST-ZIP	SOUTH MIAMI FL		3.4 CITY-ST-ZIP	SOUTH MIAMI, FL 33143	
TITLE	VP	☑ DELETE	4.1 TITLE	VP	☑ Change ☐ Addition
NAME	THOMSON, JOHN M.		4.2 NAME	LAMIS, NICHOLAS JR	
STREET ADDRESS	370 MINORCA AVE., SUITE ONE		4.3 STREET ADDRESS	13100 SW 104 CT	
CITY-ST-ZIP	CORAL GABLES FL		4.4 CITY-ST-ZIP	MIAMI, FL 33176	
TITLE	VP	☑ DELETE	5.1 TITLE	VP	☑ Change ☐ Addition
NAME	CAREY, BOONE		5.2 NAME	ROSEN, MARTY	
STREET ADDRESS	1545 MATARO AVE. N/A		5.3 STREET ADDRESS	1120 MANATI AVE	
CITY-ST-ZIP	CORAL GABLES FL		5.4 CITY-ST-ZIP	CORAL GABLES, FL 33146	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William D. Wright / WILLIAM D. WRIGHT, JR. 30 January 1999 (305) 666-4115
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

attachment
7693617

March 12, 2001

Gentlemen:

Please note that the complete name of the organization has been shown as incomplete on the 2001 (and 2000) Report. The words "Association, Inc." have been omitted.

For your reference, the 1999 Report was correct and a copy of it has been included.

It should not be necessary for us to File an amendment to correct an apparent clerical oversight in your preparation of the current Form.

Thank you for correcting the Entity Name.

Very truly yours,

William O. Wright