

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 747973

1. Entity Name

THE RETIRED OFFICERS ASSOCIATION, CAPE CANAVERAL

FILED
Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90017 035 ****61.25

Principal Place of Business CAPE CANAVERAL CHAPTER, INC. TRDA P. O. BOX 254186 PATRICK AFB FL 32925	Mailing Address CAPE CANAVERAL CHAPTER, INC. TRDA P. O. BOX 254186 PATRICK AFB FL 32925-4186
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2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-1711052

Applied For
Not Applicable

Zip Country Zip Country

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

WUCHTE, THOMAS J
232 TIPTON ROAD S.W.
PALM BAY FL 32908

Name
Patterson, Michael O.
Street Address (P.O. Box Number is Not Acceptable)
1550 Independence Avenue
City Melbourne FL Zip Code 32940

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 Michael O. Patterson Michael O. Patterson 1-25-00
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	ST WUCHTE, THOMAS J 232 TIPTON ROAD S.W. PALM BAY FL 32908 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENNEDY, PATRICK 451 DESOTO PARKWAY SATTELLITE BEACH FL 32937 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PRENTICE, GORDIN C 477/ PATRIOT DRIVE MELBOURNE FL 32740-6818 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENDALL, MAURY 625 BARCELONA COURT SATTELLITE BEACH FL 32937-3907 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RICE, CHESTER L 3493 ECHORIDGE PLACE COCOA FL 32926-7418 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERGUSON, KENNETH 1483 PATRIOT DRIVE MELBOURNE FL 32940-6819 <input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Patterson, Michael O. 1550 Independence Avenue Melbourne, FL 32940 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Michael O. Patterson Michael O. Patterson 1-25-00 (324) 259-2438
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)