

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00165

1. Entity Name

THE RETIRED OFFICERS ASSOCIATION, CENTRAL FLORID

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

05-03-2000 90095 015 \*\*\*\*61.25

Principal Place of Business

Mailing Address

DEF. FIN SUC  
RM 125 2500 LEAMY ST.  
ORLANDO FL 32803  
US

PO BOX 3123  
WINTER PARK FL 32790-3123  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2395173

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

HAKOLA, ROGER J  
6410 METRO WEST BLVD.  
#1124  
ORLANDO FL 32835

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:**  
**FEES ARE \$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 ☐ Delete  
NAME TD  
STREET ADDRESS HAKOLA, R.J.  
CITY-ST-ZIP 6410 METRO W. BLVD. #1124  
ORLANDO FL

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

TITLE ☐ Delete  
NAME VD  
STREET ADDRESS FONT, G.M.  
CITY-ST-ZIP PO BOX 5487  
WINTER PARK FL 32789

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

TITLE ☐ Delete  
NAME PD  
STREET ADDRESS METCALF, L.E.  
CITY-ST-ZIP 2077 WEMBLEY PL.  
OVIEDO FL

TITLE ☒ Change ☐ Addition  
NAME PD COTTRILL D.L.  
STREET ADDRESS 4216-B LAKE UNDERHILL  
CITY-ST-ZIP ORLANDO, FL, 32805

TITLE ☐ Delete  
NAME D  
STREET ADDRESS HENDERSON, W.C.  
CITY-ST-ZIP 1271 VIA CAPRI  
WINTER PARK FL

TITLE ☒ Change ☐ Addition  
NAME VD RIVAS, J.A.  
STREET ADDRESS 14360 STAMFORD CIR  
CITY-ST-ZIP ORLANDO, FL 32826

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

24 APR 00 (407) 297-0735