

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 10, 2002 8:00 am**  
**Secretary of State**

02-10-2002 90018 046 \*\*\*\*70.00

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**DOCUMENT # N95000000665**

1. Entity Name

**THE 55TH STRAT RECON WING ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**6441 AVE DE GALVEZ  
 NAVARRE FL 32566-8911  
 US**

**6441 AVE DE GALVEZ  
 NAVARRE FL 32566-8911  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

**APPLIED FOR**

Applied For

Not Applicable

5. Certificate of Status Desired **59-3303017**

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HOBBERMAN, ERROL  
 6441 AVE DE GALVEZ  
 NAVARRE FL 32566**

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HOBBERMAN, ERROL</b>	
STREET ADDRESS	<b>6441 AVENIDA DE GALVEZ</b>	
CITY-ST-ZIP	<b>NAVARRE FL 32566</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> Delete
NAME	<b>HOOVER, ROBB</b>	
STREET ADDRESS	<b>13412 TREQARON CIR</b>	
CITY-ST-ZIP	<b>BELLEVUE NE 68005</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WATERS, CHARLES E</b>	
STREET ADDRESS	<b>151 CALHOUN AVENUE, UNIT 507</b>	
CITY-ST-ZIP	<b>DESTIN FL 32541</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PIZZO, SAMUEL</b>	
STREET ADDRESS	<b>218 NOTTOWAY DRIVE</b>	
CITY-ST-ZIP	<b>MANDEVILLE LA 70471</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>WHITE BENJAMIN L.</b>	
STREET ADDRESS	<b>BOX 2406 OGAN SANDS</b>	
CITY-ST-ZIP	<b>COROLLA NC</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MOORE, MAX R.</b>	
STREET ADDRESS	<b>201 BASSWOOD COURT</b>	
CITY-ST-ZIP	<b>BELLEVUE NE 68005</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Errol Hoberman* **SIGNATURE BEERROLES HOBBERMAN**

Date: **22 JAN 2002**  
 Daytime Phone #: **850-939-5231**

CR2E037 (9/01)