

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90122 035 ****61.25

DOCUMENT # 736404

1. Entity Name

TREASURE COAST CHAPTER RETIRED OFFICERS ASSOCIAT

Principal Place of Business

P.O. BOX 12645
 FT. PIERCE FL 34979
 US

Mailing Address

P.O. BOX 12645
 FT. PIERCE FL 34979
 US

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

51-0187059

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ALLNATT, JOHN
9122 S. FED. HWY SUITE 221
PORT ST. LUCIE FL 34952

7. Name and Address of New Registered Agent

Name

ALLNATT

Street Address (P.O. Box Number is Not Acceptable)

PMB 224, 10302 S. Fed Hwy

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

TITLE **D** Delete
 NAME **OLSON, EDWARD**
 STREET ADDRESS **BEACHTREE #3213, 2400 S OCEAN DR**
 CITY-ST-ZIP **FT PIERCE FL 34949-7933**

TITLE **S** Delete
 NAME **WHITE, DONALD J**
 STREET ADDRESS **1716 N. DOVE TRAIL DR.**
 CITY-ST-ZIP **FT. PIERCE FL**

TITLE **D** Delete
 NAME **ROUSE, EARL J**
 STREET ADDRESS **2506 GREY TWIG LN**
 CITY-ST-ZIP **FORT PIERCE FL 34981**

TITLE **P** Delete
 NAME **ALLNATT, JOHN**
 STREET ADDRESS **9122 S. FED. HWY STE. 221**
 CITY-ST-ZIP **PORT ST. LUCIE FL 34952**

TITLE **D** Delete
 NAME **MATTHEWS, RONALD**
 STREET ADDRESS **2845 SW BRIGHTON WAY**
 CITY-ST-ZIP **PALM CITY FL 34990**

TITLE **T** Delete
 NAME **ROEHRIG, RICHARD**
 STREET ADDRESS **254 BERMUDA BEACH DRIVE**
 CITY-ST-ZIP **FORT PIERCE FL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DIRECTOR** Change Addition
 NAME **CHARLES SWINN**
 STREET ADDRESS **1520 NW LAKESIDE TRL**
 CITY-ST-ZIP **STUART, FL 34994**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS **PMB 224, 10302 S. Fed Hwy**
 CITY-ST-ZIP

TITLE Change Addition
 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:

Donald J. White
Donald J. White Sec.

11 April 2001 565-595-6674

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)