

# 2001 UNIFORM BUSINESS REPORT (UBR)

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FILED

Mar 01, 2001 8:00 am  
Secretary of State

02-01-2001 90121 003 \*\*\*\*70.00

DOCUMENT # 738694

1. Entity Name

303RD BOMB GROUP (H) ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1428 GLENEAGLES DRIVE  
VENICE FL 34292  
US

1428 GLENEAGLES DRIVE  
VENICE FL 34292  
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

59-1938461

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

ROCHE, WILLIAM J  
1428 GLENEAGLES DR  
VENICE FL 34292

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	D DEERFIELD, EDDIE 3552 LANDMARK TRAIL PALM HARBOR FL 34684	<input checked="" type="checkbox"/> Delete X
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUSSKIND, HAROLD A. 2602 DEERFOOT TRAIL AUSTIN TX 78704	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOBRECHT, H.D 505 VIA DESEO SAN CLEMENTE CA 92672	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JOHNSON, RICHARD R. 5901 JOE ROAD DEALE MD	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROCHE, WILLIAM J. 1428 GLENEAGLES DR. VENICE FL 34292	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RENCHER, J PO BOX 7927 BOISE ID 83707	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Johnson, Richard P. 5901 Joe Road Deale Md 20751-9739	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DeCicco, Frank C. Jr. 6 Kitty Hawk West Richmond, TX 77469-9710	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec Dussliere, Albert L. 1901 5th St East Moline, IL 61244-2421	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Ferrari, Walter J. 207 Lake Circle Drive Hampstead, NC 28443-2519	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Roche, William J. 1428 Gleneagles Drive Venice, FL 34292-4306	<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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 11, 2001

Date

Daytime Phone #

CR2E037 (10/00)