

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 743579

1. Entity Name

NORTHWEST FLORIDA RETIRED OFFICER'S CLUB, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90056 048 ****61.25

Principal Place of Business

Mailing Address

~~123 STAFF DR.~~
P.O. BOX 310
FT WALTON BCH FL 32549-0310

~~123 STAFF DR.~~
P.O. BOX 310
FT WALTON BCH FL 32549-0310

2. Principal Place of Business

3. Mailing Address

1064 LAKE WAY DR

1064 LAKE WAY DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State **NW FL RETIRED OFFICERS CLUB**
PO BOX 310

City & State **NW FL RETIRED OFFICERS CLUB**
PO BOX 310

Zip **FT WALTON BEACH, FL 32549**

Zip **FT WALTON BEACH, FL 32549**

4. FEI Number **23-7434498**

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

BABBITT, BRUCE C
123 STAFF DR
FT. WALTON BEACH FL 32548

Name
ARPKE, CHARLES K
Street Address
1064 LAKE WAY DR
NICEVILLE FL 32578-1777
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 *Charles K. Arpke*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

6 Jan '00
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	D	<input type="checkbox"/> Delete
NAME	STEARNS, ALLAN M	
STREET ADDRESS	2 IPSWICH CIR NE	
CITY-ST-ZIP	FT WALTON BCH FL 32547--174	
TITLE	D	<input type="checkbox"/> Delete
NAME	ARPKE, CHARLES K	
STREET ADDRESS	1064 LK WAY DR	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MAHEU, ROBERT F	
STREET ADDRESS	1002 LAKE WAY DR	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE	D	<input type="checkbox"/> Delete
NAME	MANN, F W JR	
STREET ADDRESS	630 MERIONETH DR	
CITY-ST-ZIP	FT WALTON BCH FL 32547--175	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GLUNN, FRANKLIN J	
STREET ADDRESS	1069 EMERALD BAY DR	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	CORAN, PHILIP J	
STREET ADDRESS	314 OLDE POST RD	
CITY-ST-ZIP	NICEVILLE FL 32578--390	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENT, TROY J	
STREET ADDRESS	95 MEIGS DR	
CITY-ST-ZIP	SHALIMAR FL 32579-2145	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RYAN, WILLIAM F	
STREET ADDRESS	622 OVERBROOK DR	
CITY-ST-ZIP	FT WALTON BCH FL 32547-	

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 live empowered.

SIGNATURE: *Charles K. Arpke*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DR. CHARLES K. ARPKE
1064 LAKE WAY DRIVE
NICEVILLE, FL 32578-1777

6 Jan '00 850-678-3446
Date Daytime Phone #

CR2E037 (9/99)