

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 28, 2002 8:00 am
Secretary of State

01-28-2002 90035 005 ****61.25

DOCUMENT # 743579

1. Entity Name

NORTHWEST FLORIDA RETIRED OFFICER'S CLUB, INC.

Principal Place of Business

Mailing Address

1064 LAKE WAY
P.O. BOX 310
FT WALTON BCH FL 32549-0310

1064 LAKE WAY
P.O. BOX 310
FT WALTON BCH FL 32549-0310

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

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

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

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 PD ☒ Delete
NAME STEARNS, ALLAN M
STREET ADDRESS 2 IPSWICH CIR NE
CITY-ST-ZIP FT WALTON BCH FL 32547-174

TITLE PD ☒ Change ☐ Addition
NAME BYERLEY, WILLIAM H
STREET ADDRESS 117 COUNTRY CLUB RD
CITY-ST-ZIP SHALIMAR FL 32579-1607

TITLE SD ☐ Delete
NAME ARPKE, CHARLES K
STREET ADDRESS 1064 LK WAY DR
CITY-ST-ZIP NICEVILLE FL 32578

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

TITLE VD ☐ Delete
NAME GORDON, THOMAS E
STREET ADDRESS 731 FORREST SHORES DR
CITY-ST-ZIP MARY ESTHER FL 32569-2704

TITLE ☒ Change ☐ Addition
NAME THOMAS, E. GORDON
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME MANN, F W JR
STREET ADDRESS 630 MERIONETH DR
CITY-ST-ZIP FT WALTON BCH FL 32547-175

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

TITLE VD ☒ Delete
NAME GLUNN, FRANKLIN J
STREET ADDRESS 117 COUNTRY CLUB RD
CITY-ST-ZIP SHALIMAR FL 32579-1607

TITLE VD ☒ Change ☐ Addition
NAME FOLEY, JAMES R
STREET ADDRESS 138 GARDNER DR
CITY-ST-ZIP SHALIMAR FL 32579-1225

TITLE TD ☐ Delete
NAME RYAN, WILLIAM F
STREET ADDRESS 622 OVERBROOK DR.
CITY-ST-ZIP FORT WALTON BEACH FL 32547

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 title empowered.

SIGNATURE:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

Daytime Phone #

CR2E037 (9/01)