

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 749755

1. Entity Name

THE FLORIDA COUNCIL OF CHAPTERS OF THE RETIRED O

Principal Place of Business

1502 INDEPENDENCE AVENUE  
VIERA FL 32940  
US

Mailing Address

1502 INDEPENDENCE AVENUE  
VIERA FL 32940-6809  
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

59-2222828

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

WALSH, EUGENE R  
1502 INDEPENDENCE AVENUE  
VIERA FL 32940

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 PD ☐ Delete  
NAME NOWLIN, KLYNE D  
STREET ADDRESS 440 PORT ROYAL BLVD.  
CITY-ST-ZIP SATTELLITE BEACH FL 32937

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

TITLE VD ☐ Delete  
NAME EDWARDS, FRED L JR  
STREET ADDRESS 7979 SAILBOAT KEY BLVD, STE. 607  
CITY-ST-ZIP SOUTH PASADENA FL 33707

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

TITLE SD ☒ Delete  
NAME JANSON, NILS (FRED)  
STREET ADDRESS 920 BOWLIN DRIVE  
CITY-ST-ZIP VERO BEACH FL 32963

TITLE SD ☒ Change ☐ Addition  
NAME SUE BAXTER  
STREET ADDRESS 3301 BAYSHORE BLVD, #710  
CITY-ST-ZIP TAMPA, FL 33629

TITLE TD ☐ Delete  
NAME WALSH, EUGENE  
STREET ADDRESS 1502 INDEPENDENCE AVENUE  
CITY-ST-ZIP VIERA FL 32940

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EUGENE R. WALSH 1/6/00 321-255-6585

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2537 10/00