

2001 UNIFORM BUSINESS REPORT (UBR)

4/1

FILED

Apr 30, 2001 8:00 am
Secretary of State

04-10-2001 90145 028 ****61.25

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
US

2. Principal Place of Business

10355 - PARADISE Blvd

Suite, Apt. #, etc.

Suite 1008

City & State

TREASURE Island FL

Zip

33706

Country

USA

3. Mailing Address

10355 - PARADISE Blvd

Suite, Apt. #, etc.

Suite 1008

City & State

TREASURE Island FL

Zip

33706

Country

USA



DO NOT WRITE IN THIS SPACE

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

WALSH, EUGENE R
1502 INDEPENDENCE AVENUE
VIERA FL 32940

7. Name and Address of New Registered Agent

Name

THOMAS L HARROW

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

10355 - PARADISE Blvd Suite 1008

City

TREASURE Island

FL

Zip Code

33706

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

CAPT THOMAS L HARROW USAR (Ret) Thomas Harrow 4-8-01

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PRESIDENT
NAME EDWARDS, FRED JR
STREET ADDRESS 7979 SAILBOAT BLVD STE 607
CITY-ST-ZIP SOUTH PASADENA FL 33707 ☒ Change ☐ Addition D

TITLE VICE PRESIDENT
NAME INCE, HEVRY
STREET ADDRESS 8875 SW 42 STREET APTA
CITY-ST-ZIP OCALA, FL 34481 ☒ Change ☐ Addition D

TITLE SD
NAME MONK, WILLIAM
STREET ADDRESS 3132 - STERLING STREET
CITY-ST-ZIP TARPON SPRINGS FL 34689 ☒ Change ☐ Addition D

TITLE TREASURE
NAME HARROW, THOMAS
STREET ADDRESS 10355 - PARADISE Blvd #1008
CITY-ST-ZIP TREASURE Island FL 33706 ☒ Change ☐ Addition D

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

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

4-8-01 (727) 367-9050

Date

Daytime Phone #

CR2E037 (10/00)