

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90022 032 ****61.25

DOCUMENT # 767755

1. Entity Name
UPPER SUNCOAST CHAPTER OF THE RETIRED OFFICERS A

Principal Place of Business VERNA WEBER PO BOX 854 PORT RICHEY FL 34673-0841	Mailing Address PO BOX 854 PT RICHEY FL 34673-0854 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.
P.O. Box 854

3. Mailing Address
P.O. Box 854

City & State
PORT RICHEY, FL

City & State
PORT RICHEY - FL

4. FEI Number **59-2277756**
 Applied For
 Not Applicable

Zip
34673-0641

Country
PASCO

Zip
34673-0641

Country
PASCO

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**WEBER, VERNA
 7700 CRAIG HURST LOOP
 NEW PORT RICHEY FL 34652**

7. Name and Address of New Registered Agent
 Name **NO CHANGE**
 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 *Verna Weber (Verna Weber) Sec'y*
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering) 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	<input checked="" type="checkbox"/> Delete THOMPSON, RONALD 9753 LAKESIDE LN PT RICHEY FL 34668
TITLE VPD	<input checked="" type="checkbox"/> Delete WEBER, WALTER R 7700 CRAIGHURST LOOP NEW PORT RICHEY FL 34655-4707
TITLE SD	<input type="checkbox"/> Delete WEBER, VERNA 7700 CRAIGHURST LOOP NEW PORT RICHEY FL 34655-4707
TITLE VPD	<input checked="" type="checkbox"/> Delete BRACKER, HEINRICH W 3673 ROCKAWAY DR HOLIDAY FL 34691-1150
TITLE D	<input checked="" type="checkbox"/> Delete AILMAN, WILLIAM G 11240 ARECA DR. PORT RICHEY FL 34668-2208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition WEBER, WALTER R. 7700 CRAIGHURST LOOP NEW PORT RICHEY, FL 34655-4707
TITLE VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition HARLEY GRACE 7401 CASCADE DR. HUDSON, FL., 34667
TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition FRANCIS G. BENNETT 13951 TALMADGE LOOP HUDSON, FL., 34667-8037
TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition FRANK CODY 4253 PERRY PL. NEW PORT RICHEY, FL 34652-3151
TITLE TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition EDWARD W. SCHENK 4661 TIBURON DR NEW PORT RICHEY, FL 34655
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: *Verna Weber* **VERNA WEBER** 19 Feb 00 727-312-0982
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)