

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 767755

1. Entity Name

UPPER SUNCOAST CHAPTER OF THE RETIRED OFFICERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

VERNA WEBER
PO BOX 854
PORT RICHEY FL 34673-0841

PO BOX 854
PT RICHEY FL 34673-0854
US

2. Principal Place of Business

3. Mailing Address

PORT RICHEY, FL
Suite, Apt. #, etc.
P.O. Box 854

P.O. Box 854
Suite, Apt. #, etc.

City & State
PORT RICHEY FL

City & State
PORT RICHEY, FL

Zip
34673-0641

Country
FLASCO

Zip
34673-0641

Country
FLASCO



DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2277756

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

WEBER, VERNA
7700 CRAIG HURST LOOP
NEW PORT RICHEY FL 34652

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
HARLEY, GRACE
7401 CASCADE DR
HUDSON FL 34667

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
HARROP, FRED
3865 PLAYER DR
NEW PORT RICHEY, FL - 34655-2023

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
GRACE, HARLEY
7401 CASCADE DR
HUDSON FL 34667

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
BRIERTON, FRANCIS J
8325 GOLDEN BEAR LOOP
PORT RICHEY, FL - 34668

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
WEBER, VERNA
7700 CRAIGHURST LOOP
NEW PORT RICHEY FL 34665

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CODY, FRANK
4253 PERRY PL
NEW PORT RICHEY FL 34652

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TR
SCHENK, EDWARD W
4661 TIBURON DR
NEW PORT RICHEY FL 34655

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GRAY, FREDERICK
13843 NICE LANE
ODESSA FL 33556

Delete

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:

EDWARD W. SCHENK TREAS. 1/7/02 (727) 376-0982

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