NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State
05-07-2002 90243 034 ****70.00

DOCUMENT # N00000000544

1. Entity Name
Florida Sheriff'S Office Retirement Assoc,IN

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7407 HABERS WAY	P.O. Box 526
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ODESSA,FL	City & State: ODESSA, FL
Zip: 33556 Country: Hillsorough	Zip: 33556 Country: Hillsborough

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3532273 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Charles S. Haber

Street Address (P.O. Box Number is Not Acceptable): 7407 HABERS WAY

City: ODESSA FL Zip Code: 33556

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

FEE IS $61.25
Initial or Amended UBR

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	
PD Gordon Davis 19425 Crescent RD Odessa, FL 33556	
VD Kenneth Schintzius 603 Royan Way Brandon, FL 33511	
SD Michael Bryant 11514 Corwin St Gibsonton, FL 33534	DO NOT WRITE IN THIS SPACE
TD Charles S. Haber 7407 Habers Way Odessa, FL 33556	

CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Charles S Haber CHARLES S. HABER 4-24-02 813-247-0331
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #