

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State
 04-23-2001 90168 007 ****61.25

UNIFORM

DOCUMENT # N07830

1. Entity Name

THE OKALOOSA COUNTY EDUCATION ASSOCIATION (OCEA)

Principal Place of Business

**348 HIGHWAY 190
 VALPARAISO FL 32580**

Mailing Address

**348 HIGHWAY 190
 VALPARAISO FL 32580**

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 **59-2521687**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**FOXWORTHY, MICHAEL
 348 HIGHWAY 190
 VALPARAISO FL 32580**

7. Name and Address of New Registered Agent

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

TITLE **PD** ☐ Delete
 NAME **FOXWORTHY, MICHAEL**
 STREET ADDRESS **348 HIGHWAY 190**
 CITY-ST-ZIP **VALPARAISO FL**

TITLE **STD** ☐ Delete
 NAME **HAASS, JOHN**
 STREET ADDRESS **487 ROBERT AVENUE**
 CITY-ST-ZIP **NICEVILLE FL**

TITLE **VD** ☐ Delete
 NAME **OLSEN, SHEILA**
 STREET ADDRESS **731 NW RODNEY AVE**
 CITY-ST-ZIP **FORT WALTON BEACH FL 32547**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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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: JOHN G. HAASS (STD) *John G. Haass*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/01
 Date

850-897-2281
 Daytime Phone #

CR2E037 (10/00)