

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90126 040 ****61.25

DOCUMENT # N08286

1. Entity Name

SPACE COAST CHAPTER, INC. THE RETIRED OFFICERS A

Principal Place of Business

Mailing Address

RETIRED OFFICERS ASSOC.
P O BOX 1493
TITUSVILLE FL 32781-1493
US

RETIRED OFFICERS ASSOC
P O BOX 1493
TITUSVILLE FL 32781-1493
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2637172**

Applied For
Not Applied

Zip

Country

Zip

Country

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

STANFIELD, DONALD G
1615 CARRIAGE DR. E.
TITUSVILLE FL 32796

Name **Gallin, Alvin L.**
Street Address (P.O. Box Number is Not Acceptable)
3641 Royal Oak Drive
City **Titusville** FL Zip Code **32780**

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 **Alvin L. Gallin Alvin L. Gallin Secretary January 20, 2000**

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	D	<input type="checkbox"/> Delete
NAME	POMPA, JOHN	
STREET ADDRESS	3770 HICKORY HILL BLVD	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	SCHURBERT, GEORGE	
STREET ADDRESS	2157 KINGS CROSS	
CITY-ST-ZIP	TITUSVILLE FL 32796	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	STANFIELD, DONALD	
STREET ADDRESS	1615 CARRIAGE DRIVE E	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	KEITH, ROBERT	
STREET ADDRESS	3932 TANGLEWOOD CIR	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TINSLEY, ROBERT	
STREET ADDRESS	651 OAKWOOD PLACE	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROWLAND, MARVIN	
STREET ADDRESS	3912 TANGLEWOOD CIR	
CITY-ST-ZIP	TITUSVILLE FL	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME	Irreith, Robert	
STREET ADDRESS	3932 Tanglewood Circle	
CITY-ST-ZIP	Titusville, FL 32780	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add
NAME	Johnson, George	
STREET ADDRESS	2618 Owl Trail	
CITY-ST-ZIP	Titusville, FL 32780	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add
NAME	Fleming, Howard	
STREET ADDRESS	3856 Weathersfield Circle	
CITY-ST-ZIP	Titusville, FL 32780	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add
NAME	Gallin, Alvin	
STREET ADDRESS	3641 Royal Oak Drive	
CITY-ST-ZIP	Titusville, FL 32780	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add
NAME	Haven, Mo	
STREET ADDRESS	3600 Muirfield Drive	
CITY-ST-ZIP	Titusville, FL 32780	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add
NAME	Fatula, Juanita	
STREET ADDRESS	1735 Figtree Drive	
CITY-ST-ZIP	Titusville FL 32750	

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: **Alvin L. Gallin** **Alvin L. Gallin Secretary** **1/20/00** **321-267-9400**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #