

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90190 045 ****61.25

DOCUMENT # N09319

1. Entity Name

SOUTH CENTRAL FLORIDA CHAPTER TROA, INC.

Principal Place of Business

Mailing Address

P.O. BOX 245
 SEBRING FL 33871-7245

P.O. BOX 245
 SEBRING FL 33871-7245

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2456105

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

**WHITTON, ROY P
 101 TEMPTATION COURT
 LAKE PLACID FL 33852**

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 PD
 NAME WHITTON, ROY P. ☐ Delete
 STREET ADDRESS 101 TEMPTATION CT
 CITY-ST-ZIP LAKE PLACID FL

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

TITLE VPD ☒ Delete
 NAME HUTCHISON, WILLIAM E
 STREET ADDRESS 1401 LAKE LOTELA DR.
 CITY-ST-ZIP LAKE PLACID FL 33852-9702

TITLE ☐ Change ☒ Addition
 NAME VPD
 STREET ADDRESS ED AHWATEE
 CITY-ST-ZIP 1900 SUNFLOWER CIRCLE
 SEBRING, FL 33872

TITLE TD ☐ Delete
 NAME BROWN, SHEPARD R
 STREET ADDRESS 14119 SUN 'N LAKE BLVD. #132
 CITY-ST-ZIP SEBRING FL 33872-0375

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

TITLE SD ☒ Delete
 NAME CHRISTMAN, JANE S
 STREET ADDRESS 223 HILLGRES DR.
 CITY-ST-ZIP AVON PARK FL 33825-9261

TITLE ☐ Change ☒ Addition
 NAME TD
 STREET ADDRESS RICHARD McLAUGHLIN
 CITY-ST-ZIP 34 CHOCTAW ST.
 LAKE PLACID, FL 33852

TITLE VPD ☒ Delete
 NAME PARKER, WILLIAM J
 STREET ADDRESS 111 N COMMERCE AVE
 CITY-ST-ZIP SEBRING FL 33870

TITLE ☐ Change ☒ Addition
 NAME VPD
 STREET ADDRESS SAM FORTNEY
 CITY-ST-ZIP 4343 SCHUMACHER RD. #150-W
 SEBRING, FL 33872

TITLE TR ☒ Delete
 NAME WESNER, EARL J
 STREET ADDRESS 3229 S. HIGHLANDS HAMIC DR.
 CITY-ST-ZIP AVON PARK FL 33825-7717

TITLE ☐ Change ☒ Addition
 NAME TR
 STREET ADDRESS GRANT Simmons
 CITY-ST-ZIP 313 9TH AVE
 SEBRING, FL 33875

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: *GRANT Simmons* **GRANT Simmons** 1-22-02 471-9451
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)