2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2000 8:00 am
Secretary of State
03-02-2000 90097 001 ****61.25

DOCUMENT # N12515

1. Entity Name

THE MAYPORT CHAPTER (TROA), INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
PO BOX 330791 ATLANTIC BCH FL 32233-0791 US	PO BOX 330791 ATLANTIC BCH FL 32233-0791 US

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 NOT APPLICABLE ☐ 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
BAKER, HENRY A 5505 RIGEL CT ATLANTIC BEACH FL 32233-4581	Name *BACHMANN, ROBERT R.* *9227 JAYBIRD CIRCLE – EAST* *JACKSONVILLE, FL 32257-5276* 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] 03/01/00

ROBERT R. BACHMANN, TREASURER (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	D LANE, GLYNN Q 1205 TRAILWOOD DRIVE NEPTUNE BEACH FL 32266	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD *FROEHLICH, EDWARD W* *11188 SCHOONER COURT* *JACKSONVILLE, FL 32225-1561*	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD SIGLER, EDWARD 4527 MIDDLETON PARK CIR JACKSONVILLE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD *SIGLER, EDWARD E. JR.* *4527 MIDDLETON PARK CIRCLE – WEST* *JACKSONVILLE, FL 32224-6613*	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BAKER, HENRY A. 5505 RIGEL CT ATLANTIC BEACH FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD *BACHMANN, ROBERT R.* *9227 JAYBIRD CIRCLE – EAST* *JACKSONVILLE, FL 32257-5276*	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD PHILLIPS, ROBERT 230 30TH AVE S JACKSONVILLE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD *PHILLIPS, ROBERT G.* *230 30TH AVENUE – SOUTH* *JACKSONVILLE, BEACH, FL 32250-6073*	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MCCARTHY, CAMPBELL P.O. BOX 5356 JACKSONVILLE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D *MC CARTHY, CAMBELL J.* *P.O. BOX 5356* *JACKSONVILLE, FL 32247-5356*	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DOUGHERTY, CLARK E 18826 VILLAGE CT AMELIA ISLAND FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD *VAN SAUN, DAVID* *11059 RALEY CREEK DRIVE – SOUTH* *JACKSONVILLE, FL 32225-2339*	☐ Change ☑ Addition

CR2E037 (9/99)

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: [signature] ROBERT R. BACHMANN, TREASURER 03/01/00 (904)737-0568

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #