2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 11, 2001 8:00 am
Secretary of State
01-11-2001 90056 047 ****70.00

DOCUMENT # N12515

1. Entity Name

THE MAYPORT CHAPTER (TROA), INC.

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

A0003554

DO NOT WRITE IN THIS SPACE

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

BACHMANN, ROBERT R
9227 JAYBIRD CIRCLE EAST
JACKSONVILLE FL 32257

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD FROEHLICH, EDWARD W 11188 SCHOONER COURT JACKSONVILLE FL 32225	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD *FROEHLICH, EDWARD W* *11188 SCHOONER COURT* *JACKSONVILLE, FL 32225-1561*	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SIGLER, EDWARD 4527 MIDDLETON PARK CIR JACKSONVILLE FL 32224	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D *SIGLER, EDWARD E. JR.* *4527 MIDDLETON PARK CIRCLE – WEST* *JACKSONVILLE, FL 32224-6613*	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BACHMANN, ROBERT R 9227 JAYBIRD CIRCLE E JACKSONVILLE FL 32257	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD PHILLIPS, ROBERT 230 30TH AVE S JACKSONVILLE BEACH FL 32250	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCCARTHY, CAMPBELL P.O. BOX 5356 JACKSONVILLE FL 32247	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD VAN SAUN, DAVID 11059 RALEYCREEK DR S JACKSONVILLE FL 32225	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD DUNLOP, JAMES M. 1007 MARVONE LANE NEPTUNE BEACH, FL 32304-2102	☑ Change ☐ Addition

CR2E037 (10/00)

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: _____ 01/04/2001 904 737 0568
ROBERT R. BACHMANN, TREASURER RECTOR
Date Daytime Phone #