# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Feb 11, 2000 8:00 am**
**Secretary of State**
02-11-2000 90016 028 ****61.25

DOCUMENT # N15614

1. Entity Name

FLAGLER COUNTY CHAPTER, THE RETIRED OFFICERS ASS

| Principal Place of Business | Mailing Address |
|---|---|
| 17 PAWTUXENT LANE<br>P O BOX 352495<br>PALM COAST FL 32164<br>US | ~~17 PAWTUXENT LANE~~<br>P O BOX 352495<br>PALM COAST FL 32135-2495<br>US |

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 59-2680228 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

MCCORPIN, NEAL R
17 PAWTUXENT LANE
PALM COAST FL 32164

**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 | PD<br>PITTMAN, JACK<br>15 WENDY LANE<br>PALM COAST FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Add |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>CLEMENS, ROBERT<br>82 FLAMINGO DRIVE<br>PALM COAST FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Add |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>BREITENBERG, HARRY J<br>107 FARRAGUT DR<br>PALM CST FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Add |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>HOSKINS, DONALD M<br>2 LANTARACE DR<br>PALM CST FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Add |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DT<br>CRUZ, JOSE L<br>22 LUDLOW LANE<br>PALM CST FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Add |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>BEY, ROBERT T<br>2 CLEVELAND CT. BOX 352775<br>PALM CST FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Add |

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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Robert T. Bey Robert T. Bey, Treasurer 7 Feb 2000 (904) 445-1925
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #