

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N27624

1. Entity Name

RETIRED OFFICERS' CORPORATION

Principal Place of Business

1010 AMERICAN EAGLE BLVD  
BOX 352 4TH FLOOR  
SUN CITY CENTER FL 33573  
US

Mailing Address

1010 AMERICAN EAGLE BLVD  
BOX 352 4TH FLOOR  
SUN CITY CENTER FL 33573-5284  
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

59-2910014

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

ZIMMERMAN, ALAN L  
1220 CARRIE WOOD DR  
VALRICO FL 33594

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 ☐ Delete

NAME MILLER, EDWARD J  
STREET ADDRESS 1010 AMERICAN EAGLE BLVD., #126  
CITY-ST-ZIP SUN CITY CENTER FL 33573

TITLE VT ☐ Delete

NAME ZIMMERMAN, ALAN L  
STREET ADDRESS 1220 CARRIE WOOD DR  
CITY-ST-ZIP VALRICO FL 33594

TITLE D ☐ Delete

NAME CORBETT, ROY G  
STREET ADDRESS 2209 WESTMINSTER MANOR LN  
CITY-ST-ZIP SUN CITY CENTER FL 33573

TITLE D ☐ Delete

NAME CORBETT, JOHN S  
STREET ADDRESS 1010 AMERICAN EAGLE BLVD 350  
CITY-ST-ZIP SUN CITY CENTER FL 33573

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *Alan L Zimmerman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/00 (813) 633-4467

Date

Daytime Phone #

CR2E037 (9/99)

FILED  
Feb 23, 2000 8:00 am  
Secretary of State

02-23-2000 90003 047 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE