## **2001 UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT # N27624**

200	1 UNIFORM BUSI	FILED							
DOCU	MENT # <b>N27624</b>				Sep Se	17, 2001 cretary o	8:00 f St:	U am ate	
RETIRE	D OFFICERS' CORPORATION			A.A.		9-17-2001 90002 00			
Principal Plac	ce of Business	Mailing Address		<del>-( ( VI)</del>	7				
BOX 352 4TH FLOOR BOX		BOX 352 4TH FLOOR SUN CITY CENTER FL 335	SUN CITY CENTER FL 33573		1 28 8 (1) 4 1 4 1 6 13 1	::: 18816	978		
Principal Place of Business     3. Mailing Address				<del>,_</del>					
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & Star	te	City & State		4. FEI Number 59-2910014 Applied For					
Zip	Country	Zip	Country		5. Certificate of State	tus Desired	\$8.75 Add		
	6. Name and Address of Current F	legistered Agent	<u>, , , , , , , , , , , , , , , , , , , </u>		7. Name and Addre	ess of New Registered A	Fee Require	30 4	
		<del></del>	Na	arne			<b>J</b>		
ZIMMERMAN, ALAN L 1220 CARRIE WOOD DR				Street Address (P.O. Box Number is Not Acceptable)					
VALRICO FL 33594			Ci	ty		FL	Zip Cod	le	
	Signature, typed or printed name of registered agent an	9. Election Cam	paign Financ	cing _	d when reinstating) \$5.00 May Be	DATE Make Check			
	ember 12, 2001, min. will be \$23		ontribution.		Added to Fees	Departmer			
10.	OFFICERS AND DIRE		11.		ADDITIONS/CHANGES	TO OFFICERS AND DIR	ECTORS IN	l 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MILLER, EDWARD J 1010 AMAERICAN EAGLE BLVD., SUN CITY CENTER FL 33573	☐ Delete #126	TITLE NAME STREET ADD CITY-ST-ZII	1			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT ZIMMERMAN, ALAN L 1220 CARRIE WOOD DR VALRICO FL 33594	☐ Delete	TITLE NAME STREET ADD CITY-ST-ZI	1		المراج الموسية	☐ Change	Addition	
TITLE Name Street address City-St-Zip	D CORBETT, ROY G 2209 WESTMINSTER MANOR LN SUN CITY CENTER FL 33573	☐ Delete	TITLE NAME STREET ADO	I			☐ Change	Addition	
TITLE NAME Street address City-St-Zip	D GARBETT, JOHN S 1010 AMERICAN EAGLE BLVD 35 SUN CITY: CENTER FL 33573	☐ Delete	TITLE NAME STREET ADD CITY-ST-ZIF				☐ Change	☐ Addition }	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDI CITY-ST-ZIF				☐ Change	Addition	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME	pecc	-		☐ Change	Addition	

12. I hereby certify that the information supplied with this filling 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.

9/12/01 813-633-4467