

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90123 007 ****61.25

DOCUMENT # N34480

1. Entity Name

THE REPUBLICAN CLUB OF OKALOOSA COUNTY, INC.

Principal Place of Business

Mailing Address

P.O. BOX 5084
FT WALTON BEACH FL 32549
US

P.O. BOX 5084
FT WALTON BEACH FL 32549-5084
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

59-2870826

Applied For

Not Applied For

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

Name

Bush, Lawrence P.

Street Address (P.O. Box Number is Not Acceptable)

8 Bayou DRIVE

City

Fort Walton Beach

FL

Zip Code

32547

~~BUSH, LAWRENCE P.~~
~~150 EGLIN PKWY NW~~
~~FT WALTON BEACH FL 32548~~

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 Lawrence P. Bush

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

January 19, 2000

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	PARDUE, DON	
STREET ADDRESS	257 FERN DELL AVE.	
CITY-ST-ZIP	VALPARAISO FL	
TITLE	VPMD	<input type="checkbox"/> Delete
NAME	SCHOEN, ROBERT W	
STREET ADDRESS	15 DRIETWOOD AVE	
CITY-ST-ZIP	FT WALTON BEACH FL 32548	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LEE, KENNETH	
STREET ADDRESS	2512 EDGEWATER DR	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	GRANT, ETHAN A	
STREET ADDRESS	95 MEIGS DR	
CITY-ST-ZIP	SHALIMAR FL 32579	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, RON	
STREET ADDRESS	12 COUNTRY CLUB RD	
CITY-ST-ZIP	SHALIMAR FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENT, TROY J.	
STREET ADDRESS	95 MEIGS DRIVE	
CITY-ST-ZIP	SHALIMAR, FL 32579	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRAMM, KAREN	
STREET ADDRESS	4 Pinehurst DRIVE	
CITY-ST-ZIP	SHALIMAR, FL 32579	
TITLE	TD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRAMM, Robert W.	
STREET ADDRESS	4 Pinehurst DRIVE	
CITY-ST-ZIP	SHALIMAR, FL 32579	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILKINSON, Sean	
STREET ADDRESS	111 Gardner DRIVE	
CITY-ST-ZIP	SHALIMAR, FL 32579	

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:

Troy J. Dent

January 18, 2000

850 651-4618

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #