

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90081 008 ****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
 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 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

BUSH, LAWRENCE P.
8 BAYOU DR
FORT WALTON BEACH FL 32547

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 DENT, TROY JR
 STREET ADDRESS 95 MEIGS DR
 CITY-ST-ZIP SHALIMAR FL 32579

TITLE PD ☒ Change ☐ Addition
 NAME OTTO, CRAIG SR
 STREET ADDRESS 311 OLDE POST RD
 CITY-ST-ZIP NICEVILLE FL 32578

TITLE VPMD ☒ Delete
 NAME SCHOEN, ROBERT W
 STREET ADDRESS 15 DRIFTWOOD AVE
 CITY-ST-ZIP FT WALTON BEACH FL 32548

TITLE VPMD ☒ Change ☐ Addition
 NAME READDY, BILL
 STREET ADDRESS 221 ANTIQUA WAY
 CITY-ST-ZIP NICEVILLE FL 32578

TITLE SD ☒ Delete
 NAME LEE, KENNETH
 STREET ADDRESS 2512 EDGEWATER DR
 CITY-ST-ZIP NICEVILLE FL 32578

TITLE SD ☒ Change ☐ Addition
 NAME DENT, KAY
 STREET ADDRESS 95 MEIGS DR
 CITY-ST-ZIP SHALIMAR FL 32578

TITLE VPD ☐ Delete
 NAME GRAMON, KAREN
 STREET ADDRESS 4 PINEHURST DR
 CITY-ST-ZIP SHALIMAR FL 32579

TITLE VPD ☒ Change ☐ Addition
 NAME GRAMM, KAREN
 STREET ADDRESS 4 PINEHURST DR
 CITY-ST-ZIP SHALIMAR FL 32579

TITLE TD ☐ Delete
 NAME GRAMM, ROBERT W
 STREET ADDRESS 4 PINEHURST DR
 CITY-ST-ZIP SHALIMAR FL 32579

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE SD ☒ Delete
 NAME WILKERSON, JEAN
 STREET ADDRESS 111 GARDNER DR
 CITY-ST-ZIP SHALIMAR FL 32579

TITLE SD ☒ Change ☐ Addition
 NAME HILL, LIBBY
 STREET ADDRESS 2403 PARKER DR
 CITY-ST-ZIP NICEVILLE FL 32578

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:

Craig Otto
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 8, 2001

(850)897-7766

Date

Daytime Phone #

CR2E037 (10/00)