

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2002 8:00 am**  
**Secretary of State**

05-02-2002 90113 027 \*\*\*\*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 **OTTO, CRAIG SR**  
 STREET ADDRESS **311 OLDE POST RD**  
 CITY-ST-ZIP **NICEVILLE FL 32578**

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

TITLE **VPMD** ☐ Delete  
 NAME **READDY, BILL**  
 STREET ADDRESS **221 ANTIQUA WAY**  
 CITY-ST-ZIP **NICEVILLE FL 32578**

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

TITLE **SD** ☒ Delete  
 NAME **DENT, KAY**  
 STREET ADDRESS **95 MEIGS DR**  
 CITY-ST-ZIP **NICEVILLE FL 32578**

TITLE **SD** ☒ Change ☐ Addition  
 NAME **CAMPBELL, ROBERT T.**  
 STREET ADDRESS **81 MEIGS DR**  
 CITY-ST-ZIP **SHALIMAR, FL 32579**

TITLE **VPD** ☒ Delete  
 NAME **GRAMM, KAREN**  
 STREET ADDRESS **4 PINEHURST DR**  
 CITY-ST-ZIP **SHALIMAR FL 32579**

TITLE **VPD** ☒ Change ☐ Addition  
 NAME **JANE K DALE**  
 STREET ADDRESS **155 Country Club**  
 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 **TD** ☒ Change ☐ Addition  
 NAME **HEWINS, DAVID C.**  
 STREET ADDRESS **34 Alder Ave SE #5**  
 CITY-ST-ZIP **FWB FL 32548**

TITLE **SD** ☒ Delete  
 NAME **HILL, LIBBY**  
 STREET ADDRESS **2403 PARKER DR**  
 CITY-ST-ZIP **NICEVILLE FL 32578**

TITLE **SD** ☒ Change ☐ Addition  
 NAME **KENNETH T. WALSH**  
 STREET ADDRESS **49 LONGWOOD 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*April 17, 2002*

CR2E037 (9/01)