

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2000 8:00 am**  
**Secretary of State**

02-20-2000 90036 025 \*\*\*\*61.25

**DOCUMENT # N35852**

1. Entity Name

**CHAPTER 58, THE RETIRED ENLISTED ASSOCIATION, IN**

Principal Place of Business	Mailing Address
2701 E 122ND AVE TAMPA FL 33612-4714 US	2701 E 122ND AVE TAMPA FL 33612-4714 US



DO NOT WRITE IN THIS SPACE

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	Applied For
<b>59-2982474</b>	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

**BLONDET, JORGE**  
**2701 E 122ND AVE**  
**TAMPA FL 33612**

**7. Name and Address of New Registered Agent**

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	
TITLE	P <input checked="" type="checkbox"/> Delete
NAME	<b>BIAGGI, WILLIAM</b>
STREET ADDRESS	<b>6727 ISLANDER LANE</b>
CITY-ST-ZIP	<b>TAMPA FL 33615</b>
TITLE	STD <input checked="" type="checkbox"/> Delete
NAME	<b>BLONDET, JORGE</b>
STREET ADDRESS	<b>2701 E. 122ND AVE.</b>
CITY-ST-ZIP	<b>TAMPA FL 33612</b>
TITLE	VD <input checked="" type="checkbox"/> Delete
NAME	<b>GRAY, JOHN</b>
STREET ADDRESS	<b>6422 ROCKPOINT DR</b>
CITY-ST-ZIP	<b>TAMPA FL 33634</b>
TITLE	VD <input checked="" type="checkbox"/> Delete
NAME	<b>MACKALL, W.T.</b>
STREET ADDRESS	<b>7924 GARDEN DRIVE N</b>
CITY-ST-ZIP	<b>ST PETERSBURG FL 33710</b>
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	<b>BUCK, HOWARD</b>
STREET ADDRESS	<b>443 SAND RIDGE DRIVE</b>
CITY-ST-ZIP	<b>VALRICO FL 33594</b>
TITLE	VD <input checked="" type="checkbox"/> Delete
NAME	<b>ARANA, LOUIS A</b>
STREET ADDRESS	<b>512 E. HILDA DR.</b>
CITY-ST-ZIP	<b>BRANDON FL 33511</b>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BLONDET, JORGE</b>
STREET ADDRESS	<b>2701 E. 122ND AVE.</b>
CITY-ST-ZIP	<b>TAMPA, FL 33612</b>
TITLE	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ARANA, LOUIS A</b>
STREET ADDRESS	<b>443 SAND RIDGE DRIVE</b>
CITY-ST-ZIP	<b>VALRICO, FL 33594</b>
TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BUCK, HOWARD</b>
STREET ADDRESS	<b>375 S. TERRACE DR.</b>
CITY-ST-ZIP	<b>EAGLE LAKE, FL 33839</b>
TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ATWOOD, HAROLD</b>
STREET ADDRESS	<b>4722 OHIO AVE.</b>
CITY-ST-ZIP	<b>TAMPA, FL 33616</b>
TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MACQUARRIE, CHARLES</b>
STREET ADDRESS	<b>7001 INTERBAY BLVD. LOT 5032</b>
CITY-ST-ZIP	<b>TAMPA, FL 33616</b>
TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WINGATE, WILSON</b>
STREET ADDRESS	<b>39146-191 OTIS ALLEN RD.</b>
CITY-ST-ZIP	<b>ZEPHYRHILLS, FL 33540</b>

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 OF REGISTERED AGENT **REQUIRE JORGE BLONDET 2/14/00 (813) 977-7767**

CR2E037 (9/99)