

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N41857

1. Entity Name

BOB SIKES CHAPTER, THE RETIRED OFFICERS ASSOCIAT

Principal Place of Business

P O BOX 3875
MILTON FL 32572

Mailing Address

P O BOX 3875
MILTON FL 32572

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

MUCHOW, ROBERT F
6100 CHEYENNE DRIVE
MILTON FL 32570

7. Name and Address of New Registered Agent

Name

Eugene Osmondson

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

5800 Tanglewood Dr

City

Milton

FL

Zip Code

32570

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 Eugene Osmondson, Sec.

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 NAME STREET ADDRESS CITY - ST - ZIP	VD SANDVOSS, BERT 607 WESTWOOD DR MILTON FL 32570 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP EGLER, JAMES 5124 WEST PORT DR MILRON FL 32570 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS OSMONDSON, GENE 5800 TANGLEWOOD DR MILTON FL 32570 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT RUSSELL, JOHN 6421 MISTY LAKE DRIVE MILTON FL 32570 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DD REINHARD, EDWARD 3480 FAWNWOOD DR PACE FL 32571 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV HAZUCHA, PAUL 3305 MILLS BAYOU DRIVE MILTON FL 32583 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Sandvoss, Bert 607 Westwood Dr Milton, FL 32570 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD Hazucha, Paul 3305 Mills Bayou Dr Milton, FL 32583 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Butcher, Tom 5669 Nichlaus Lane Milton FL 32570 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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

Eugene Osmondson 4/20/01 623-0898

Date

Daytime Phone #

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90258 003 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

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