

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90385 017 ****61.25

DOCUMENT # N41857

1. Entity Name

BOB SIKES CHAPTER, THE RETIRED OFFICERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P O BOX 3875
MILTON FL 32572

P O BOX 3875
MILTON FL 32572

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

59-3005246

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

OSMONDSON, EUGENE
5800 TANGLEWOOD DR
MILTON FL 32570

Name HAZUCHA, PAUL

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

3305 MILLS BAYOU DRIVE

City MILTON

FL

Zip Code 32583

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

Paul Hazyucha

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

(NOTE: Registered Agent signature required when reinstating)

DATE

April 11, 2002

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
NAME SANDVOSS, BERT
STREET ADDRESS 607 WESTWOOD DR
CITY-ST-ZIP MILTON FL 32570 ☐ Delete

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

TITLE D
NAME BUTCHER, TOM
STREET ADDRESS 5669 NICHOLAUS LANE
CITY-ST-ZIP MILRON FL 32570 ☒ Delete

TITLE DIRECTOR
NAME HAL GLASSER
STREET ADDRESS 5900 TWIN OAKS DRIVE
CITY-ST-ZIP PACE, FL 32571 ☐ Change ☒ Addition

TITLE DS
NAME OSMONDSON, GENE
STREET ADDRESS 5800 TANGLEWOOD DR
CITY-ST-ZIP MILTON FL 32570 ☒ Delete

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

TITLE DT
NAME RUSSELL, JOHN
STREET ADDRESS 6421 MISTY LAKE DRIVE
CITY-ST-ZIP MILTON FL 32570 ☐ Delete

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

TITLE DD
NAME REINHARD, EDWARD
STREET ADDRESS 3480 FAWNWOOD DR
CITY-ST-ZIP PACE FL 32571 ☒ Delete

TITLE DIRECTOR
NAME ROWLAND NICHOLSON
STREET ADDRESS 4713 Bayside BLVD
CITY-ST-ZIP MILTON, FL 32570 ☐ Change ☒ Addition

TITLE VD
NAME HAZUCHA, PAUL
STREET ADDRESS 3305 MILLS BAYOU DRIVE
CITY-ST-ZIP MILTON FL 32583 ☐ Delete

TITLE DS
NAME HAZUCHA, PAUL
STREET ADDRESS 3305 MILLS BAYOU DRIVE
CITY-ST-ZIP MILTON, FL 32583 ☒ Change ☐ 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:

John Russell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

850-623-2236

CR2E037 (9/01)