

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N51265

1. Entity Name

NORTH OKALOOSA SEARCH AND RESCUE, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90148 050 ****70.00

Principal Place of Business

Mailing Address

2259 W JAMES LEE BLVD
CRESTVIEW FL 32536
US

2523 S FERDON BLVD
STE 143
CRESTVIEW FL 32536-5211
US

2. Principal Place of Business

3. Mailing Address

2259 W. James Lee Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Crestview, FL

Zip

Country

Zip

Country

32536

US

4. FEI Number

59-3143211

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

WOOLLEY, LARRY L.
2259 WEST JAMES LEE BLVD.
CRESTVIEW FL 32536

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	<input type="checkbox"/> Delete
NAME	WOOLLEY, LARRY L.	
STREET ADDRESS	2259 W. JAMES LEE BLVD.	
CITY-ST-ZIP	CRESTVIEW FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	HAGGERTY, ROBERT J	
STREET ADDRESS	2842 PENNEY LANE	
CITY-ST-ZIP	CRESTVIEW FL 32539	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ROWAN, ROBERT	
STREET ADDRESS	107 MERCE LANE	
CITY-ST-ZIP	CRESTVIEW FL 32539	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CHOINIERS, TRACY M	
STREET ADDRESS	2840 OLD MILL WAY	
CITY-ST-ZIP	CRESTVIEW FL 32539	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHOINIERS, PETER M	
STREET ADDRESS	2840 OLD MILL WAY	
CITY-ST-ZIP	CRESTVIEW FL 32539	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHRISTOPHER, JEFF B.	
STREET ADDRESS	240 GRAND PRIX DR	
CITY-ST-ZIP	CRESTVIEW FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lee, Carrie W.	
STREET ADDRESS	2576 Laird Rd	
CITY-ST-ZIP	Crestview, FL 32539	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lee, Harvey F.	
STREET ADDRESS	2576 Laird Rd	
CITY-ST-ZIP	Crestview, FL 32539	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Larry L. Woolley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/00 (850) 682-7788

CR2E037 (9/99)