

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2001 8:00 am
Secretary of State
 05-07-2001 90016 011 ****61.25

DOCUMENT # N51265

1. Entity Name

NORTH OKALOOSA SEARCH AND RESCUE, INC.

Principal Place of Business

**2259 W JAMES LEE BLVD
 CRESTVIEW FL 32536
 US**

Mailing Address

**2259 W JAMES LEE BLVD
 CRESTVIEW FL 32536
 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

59-3143211

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 ☐ Delete
 NAME WOOLLEY, LARRY L.
 STREET ADDRESS 2259 W. JAMES LEE BLVD.
 CITY-ST-ZIP CRESTVIEW FL

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

TITLE TD ☐ Delete
 NAME LEE, CARRIE W
 STREET ADDRESS 2576 LAIRD ROAD
 CITY-ST-ZIP CRESTVIEW FL 32539

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

TITLE VD ☐ Delete
 NAME LEE, HARVEY F
 STREET ADDRESS 2576 LAIRD ROAD
 CITY-ST-ZIP CRESTVIEW FL 32539

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

TITLE SD ☐ Delete
 NAME CHOINIERE, TRACY M
 STREET ADDRESS 2840 OLD MILL WAY
 CITY-ST-ZIP CRESTVIEW FL 32539

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

TITLE D ☐ Delete
 NAME CHOINIERE, PETER M
 STREET ADDRESS 2840 OLD MILL WAY
 CITY-ST-ZIP CRESTVIEW FL 32539

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

TITLE D ☐ Delete
 NAME CHRISTOPHER, JEFF B.
 STREET ADDRESS 240 GRAND PRIX DR
 CITY-ST-ZIP CRESTVIEW FL

TITLE ☐ Change ☐ 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

4-27-01

(850) 682-7988

Date

Daytime Phone #

CR2E037 (10/00)