## **2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # N93000004694

1. Entity Name

## WEST FLORIDA OFFICIALS ASSOCIATION, INC.



May 05, 2003 8:00 am § Secretary of State

05-05-2003 90238 013 \*\*\*\*61.25

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Principal Plac	e of Busines	s	Mailing Address	<del> </del>							
% D. MICHAEL CHESSER 1201 EGLIN PKWY SHALIMAR FL 32579		P. O. BOX 225 NICEVILLE FL 32588-0225 US			i ( <b>Ta</b> ni)	DT 838 (BABT 347) SB30 <b>53</b> 0	II DAIRI ADIRI DAIR	i Didka 1140 kg	iii) <b>9161</b> 1691		
2. Principal F	Place of Busin	ness	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State			City & State			4. FEI Num	ber 59-2985885		<del></del>	oplied For of Applicable	
Zip Country		Zip	Zip Co		5. Certificat	e of Status Desired		8.75 Add ee Require			
	6. Name	and Address of Current	Registered Agent			7. Name an	d Address of New I	Registered A	gent		
					Name						
1201 EGL	r, d. Micha Lin Pkwy				Street Addr	ress (P.O. Box Num	per is Not Acceptabl	e)			
SHALIMA	R-FL-32579	}									
					City			FL	Zip Cod	e	
	named entit tions of regis	y submits this statement fo tered agent.	r the purpose of changi	ng its registere	ed office or re	gistered agent, or b	oth, in the State of Fl	orida. I am fa	amiliar with,	and accept	
SIGNATURE .		or printed name of registered agent a	and title if applicable.	(NOTE: Registere	ed Agent signature re	required when reinstating)		DATE			
ا مرحمت دو	FILE NOW	7: FEE IS \$61.25	l l	n Campaign F und Contributi	~ ~	<b>\$5.00</b> May Added to Fee		ake Check da Depart			
10.	FILE NOW	OFFICERS AND DIF	Trust F		ion. 🗆	Added to Fee		da Departi	ment of S	State	
<u> </u>	[PD	OFFICERS AND DIF	Trust F	und Contributi	ion.	Added to Fee	HANGES TO OFFICE	da Depart	ment of S	State	
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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.

SIGNATURES

<u>850 - 862-3233</u>