

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000000665

1. Entity Name

THE 55TH STRAT RECON WING ASSOCIATION, INC.

Principal Place of Business

6441 AVE DE GALVEZ
NAVARRE FL 32566-8911
US

Mailing Address

6441 AVE DE GALVEZ
NAVARRE FL 32566
US

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

HOBERMAN, ERROL
6441 AVE DE GALVEZ
NAVARRE FL 32566

7. Name and Address of New Registered Agent

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

TITLE D ☐ Delete
NAME HOBERMAN, ERROL
STREET ADDRESS 6690 AVENIDA CODORNIZ
CITY-ST-ZIP NAVARRA FL 32566

TITLE VPD ☐ Delete
NAME HOOVER, ROBB
STREET ADDRESS 3308 LYNNWOOD DRIVE
CITY-ST-ZIP BELLEVUE NE

TITLE D ☐ Delete
NAME WATERS, CHARLES E
STREET ADDRESS 151 CALHOUN AVENUE, UNIT 507
CITY-ST-ZIP DESTIN FL 32541

TITLE D ☐ Delete
NAME PIZZO, SAMUEL
STREET ADDRESS 218 NOTTOWAY DRIVE
CITY-ST-ZIP MANDEVILLE LA

TITLE SD ☐ Delete
NAME WHITE BENJAMIN L.
STREET ADDRESS BOX 2406 OGAN SANDS
CITY-ST-ZIP COROLLA NC

TITLE D ☐ Delete
NAME MOORE, MAX R.
STREET ADDRESS 201 BASSWOOD COURT
CITY-ST-ZIP BELLEVUE NE 68005

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME 6441 AVENIDA DE GALVEZ
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME 13412 TREQARON CIRCLE
STREET ADDRESS BELLEVUE, NE 68005
CITY-ST-ZIP

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

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP 21P 70471

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

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP 21P 68005

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:

ERROL S. HOBERMAN, 1 Feb 2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90012 033 ****61.25

00015268



DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3303017

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required