

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2000 8:00 am**  
**Secretary of State**

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

**DOCUMENT # N95000000665**

1. Entity Name

**THE 55TH STRAT RECON WING ASSOCIATION, INC.**

Principal Place of Business

6441 AVE DE ~~GAWEZ~~ GALVEZ  
 NAVARRE FL 32566-8911  
 US

Mailing Address

6441 AVE DE ~~GAWEZ~~ GALVEZ  
 NAVARRE FL 32566  
 US

00015268



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3303017**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

Name

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

City

**FL**

Zip Code

**HOBERMAN, ERROL**  
 6441 AVE DE ~~GAWEZ~~ GALVEZ  
 NAVARRE FL 32566

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	<input type="checkbox"/> Delete
NAME	HOBERMAN, ERROL	
STREET ADDRESS	<del>6690 AVENIDA CODORNIZ</del>	
CITY-ST-ZIP	NAVARRE FL 32566	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	HOOVER, ROBB	
STREET ADDRESS	<del>3308 LYNNWOOD DRIVE</del>	
CITY-ST-ZIP	BELLEVUE NE	
TITLE	D	<input type="checkbox"/> Delete
NAME	WATERS, CHARLES E	
STREET ADDRESS	151 CALHOUN AVENUE, UNIT 507	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	D	<input type="checkbox"/> Delete
NAME	PIZZO, SAMUEL	
STREET ADDRESS	218 NOTTOWAY DRIVE	
CITY-ST-ZIP	MANDEVILLE LA	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WHITE BENJAMIN L.	
STREET ADDRESS	BOX 2406 OCAN SANDS	
CITY-ST-ZIP	COROLLA NC	
TITLE	D	<input type="checkbox"/> 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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6441 AVENIDA DE GALVEZ	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	13412 TREQARON CIRCLE	
STREET ADDRESS	BELLEVUE, NE 68005	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" 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: *Errol S. Hoberman* ERROL S. HOBERMAN, 1 Feb 2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

850 939 52