

# 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

Mailing Address

6441 AVE DE GALVEZ  
 NAVARRE FL 32566-8911  
 US

6441 AVE DE 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 GALVEZ**  
**NAVARRE FL 32566**

**GALVEZ**

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 **D**  Delete  
 NAME **HOBERMAN, ERROL**  
 STREET ADDRESS ~~6690 AVENIDA CODORNIZ~~  
 CITY-ST-ZIP **NAVARRE FL 32566**

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

TITLE **VPD**  Delete  
 NAME **HOOVER, ROBB**  
 STREET ADDRESS ~~3300 LYNNWOOD DRIVE~~  
 CITY-ST-ZIP **BELLEVUE NE**

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

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

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP **ZIP 70471**

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

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP **ZIP 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** **850 939 52**  
 S. HOBERMAN, 1 Feb 2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #