

2001 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 32566-8911
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

59-3303017

☒ 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

HOBERMAN, ERROL
6441 AVE DE GALVEZ
NAVARRE FL 32566

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 NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D HOBERMAN, ERROL 6441 AVENIDA DE GALVEZ NAVARRE FL 32566	<input type="checkbox"/>		<input type="checkbox"/>
VPD HOOVER, ROBB 13412 TREQARON CIR BELLEVUE NE 68005	<input type="checkbox"/>		<input type="checkbox"/>
D WATERS, CHARLES E 151 CALHOUN AVENUE, UNIT 507 DESTIN FL 32541	<input type="checkbox"/>		<input type="checkbox"/>
D PIZZO, SAMUEL 218 NOTTOWAY DRIVE MANDEVILLE LA 70471	<input type="checkbox"/>		<input type="checkbox"/>
SD WHITE BENJAMIN L. BOX 2406 OGAN SANDS COROLLA NC	<input type="checkbox"/>		<input type="checkbox"/>
D MOORE, MAX R. Y BELLEVUE NE 68005	<input type="checkbox"/>		<input type="checkbox"/>

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 HOBERMAN RECEIVEDS. HOBERMAN 12 Feb 2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date
Daytime Phone #

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90042 021 ****61.25

00017480



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)