

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2002 8:00 am
Secretary of State

02-10-2002 90018 046 ****70.00

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



DO NOT WRITE IN THIS SPACE

4. FEI Number

APPLIED FOR

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 **D** ☐ Delete
 NAME **HOBERMAN, ERROL**
 STREET ADDRESS **6441 AVENIDA DE GALVEZ**
 CITY-ST-ZIP **NAVARRE FL 32566**

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

TITLE **VPD** ☐ Delete
 NAME **HOOVER, ROBB**
 STREET ADDRESS **13412 TREQARON CIR**
 CITY-ST-ZIP **BELLEVUE NE 68005**

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

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 70471**

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

TITLE **SD** ☐ Delete
 NAME **WHITE BENJAMIN L.**
 STREET ADDRESS **BOX 2406 OGAN 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

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* **ERROL HOBERMAN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

22 JAN 2002
830-939-5231

CR2E037 (9/01)