

2002 UNIFORM BUSINESS REPORT (UBR)

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

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

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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 32566-8911
 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 **59-3303017**

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HOBBERMAN, 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	<input type="checkbox"/> Delete
NAME	HOBBERMAN, ERROL	
STREET ADDRESS	6441 AVENIDA DE GALVEZ	
CITY-ST-ZIP	NAVARRE FL 32566	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	HOOVER, ROBB	
STREET ADDRESS	13412 TREQARON CIR	
CITY-ST-ZIP	BELLEVUE NE 68005	
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 70471	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WHITE BENJAMIN L.	
STREET ADDRESS	BOX 2406 OGAN 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	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input 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 Hoberman* **SIGNATURE BEERROLES HOBBERMAN**

Date: **22 JAN 2002**
 Daytime Phone #: **850-939-5231**

CR2E037 (9/01)