

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90131 007 ****70.00

DOCUMENT # N96000002071

1. Entity Name

PATRICK OFFICERS' WIVES' WELFARE FUND, INC.

Principal Place of Business

100 ALAMANDA BLDG 3655
PATRICK AIR FORCE BASE FL 32925

Mailing Address

100 ALAMANDA BLDG 3655
PATRICK AIR FORCE BASE FL 32925
US

2. Principal Place of Business

3. Mailing Address

P.O. Box 254736

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PATRICK AIR FORCE BASE, FL

4. FEI Number

59-3365487

Applied For

Not Applicable

Zip

Country

Zip

25
32927

Country

BREVARD

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~KUHLMAN, BRITTA~~
640 MACE ROAD, BUILDING 990
100 ALAMANDA BLDG 3655
PATRICK AIR FORCE BASE FL 32925

Name

STELLA BUCK

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

100 ALAMANDA, BLDG. 3655
PATRICK AFB, FL

City

FL

Zip Code

32925

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	DP KUHLMAN, BRITTA 875 LOGGER HERD ISLAND DR. SATELLITE BEACH FL 32937	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CAPPS, JUDY 675 CARIBBEAN RD SATELLITE BEACH FL 32937	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BYRON, B.J. 158 ST CROIX AVE COCOA BEACH FL 32931	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT PITTMAN, DEAN 438 HAWTHORNE CT INDIAN HARBOUR BEACH FL 32937	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MILLER, CINDY 90-A POINCIANA DR. SATELLITE BEACH FL 32951	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP STELLA BUCK 4770 SEMINOLE TRAIL MERRITT ISLAND, FL 32953	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LISA LOVETT 663 HEATHERSTONE DR MERRITT ISLAND, FL 32953	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV FELICIA RITZ 1918 BARRINGTON CR. ROCKLEDGE, FL 32955	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DRS HELENE SUFLAR 2203 ATLANTIC ST., #723 MELBOURNE BEACH, FL 32951	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: DEAN PITTMAN, TREASURER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-1-02 321-777-3044

CH2E037 (9/01)