

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 25, 2001 8:00 am  
Secretary of State

01-25-2001 90181 050 \*\*\*\*61.25

DOCUMENT # N96000002450

1. Entity Name

PATRICK OFFICERS' WIVES' CLUB, INC.

Principal Place of Business

Mailing Address

%THRIFT SHOP

640 MACE RD BLDG 990  
PAFB FL 32925

100 ALAMANDA BLDG 3655

PO BOX 254736

PATRICK AFB FL 32937  
US

2. Principal Place of Business

100 ALAMANDA Bldg 3655

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PATRICK AFB, FL

City & State

4. FEI Number

59-3365479

Applied For

Not Applicable

Zip

32925

Country

BREVARD

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

~~TRASK, BOBBI~~  
640 MACE RD  
BLDG 990  
PAFB FL 32925

Name

BRITTA KUHLMAN

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

100 ALAMANDA, Bldg 3655

PATRICK AFB, FL

32925

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  
DP  
TRASK, BOBBI  
304 HAMLIN AVE  
SATELLITE BEACH FL 32937 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
KUHLMAN, BRITTA  
875 LOGGERSHEAD ISLAND DR  
SATELLITE BEACH, FL 32937 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DV  
CAPPS, JUDY  
675 CARIBBEAN RD  
SATELLITE BEACH FL 32937 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DV  
POLOZYNSKI, AUDREY  
11 INDRIO BLVD  
INDIAN HARBOUR BEACH FL 32937 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
NO REPLACEMENT ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DS  
KAHN, LISA  
40 CAMELLIA  
SATELLITE BEACH FL 32937 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
BYRON, B.J.  
158 ST. CROIX AVE  
COCOA BEACH, FL 32937 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DT  
PITTMAN, DEAN  
438 HAWTHORNE COURT  
INDIAN HARBOUR BEACH FL 32937 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DT  
BEATTY, DIANE  
25 AZALEA AVENUE  
SATELLITE BEACH FL 32937 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MILLER, CINDY  
90-A POINCIANA DR  
SATELLITE BEACH, FL 32937 ☐ Change ☐ 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, DEAN PITTMAN, Treas

1-16-01

321-777-3044

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)