

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004296

1. Entity Name

FLORIDA MILITARY SUPPORT ASSOCIATION, INC.

Principal Place of Business

144 CHIPPEWA AVE  
TAMPA FL 33606

Mailing Address

144 CHIPPEWA AVE  
TAMPA FL 33606-3520

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

65-0836835

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

SUTTON, WILLIAM L  
6355 SW 135 DRIVE  
PINECREST FL 33156

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 DL ☐ Delete  
NAME WILHITE, ROBERT  
STREET ADDRESS 144 CHIPPEWA AVE  
CITY-ST-ZIP TAMPA FL 33606

TITLE D ☐ Change ☒ Addition  
NAME HALL, JANICE  
STREET ADDRESS 6161 SAUFLEY PINES RD  
CITY-ST-ZIP TENSACOLA, FL 32526

TITLE D ☒ Delete  
NAME BLUDWORTH, DAVID  
STREET ADDRESS 3106 MEDINAH CIRCLE  
CITY-ST-ZIP LAKE WORTH FL 33467

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

TITLE D ☐ Delete  
NAME BINNIE, DAVID G  
STREET ADDRESS P O BOX 3408 ((N/A))  
CITY-ST-ZIP TAMPA FL 33601

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

TITLE D ☐ Delete  
NAME GARRETT, HERMAN W  
STREET ADDRESS P O BOX 362272 N/A  
CITY-ST-ZIP MELBOURNE FL 32936

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

TITLE D ☒ Delete  
NAME BUSH, RONALD  
STREET ADDRESS 100 S ASHLEY DR STE 2100  
CITY-ST-ZIP TAMPA FL 33602-5360

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Feb 29, 2000 8:00 am  
Secretary of State

02-29-2000 90195 033 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)