

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000007360

1. Entity Name

THE 325 SECURITY FORCES TOP 4 COMMITTEE INC.

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90145 009 \*\*\*\*70.00

701592



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

515 SUWANNEE AVE  
TYNDALL AFB FL 32403

515 SUWANNEE AVE  
TYNDALL AFB FL 32403-5505

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

59-3552035

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

FERN, LAWRENCE J  
515 SUWANNEE AVE  
TYNDALL AFB FL 32403

Name

HAINES, KENT L.

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

515 SUWANNEE AVE

City

TYNDALL AFB

FL

Zip Code

32403

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	DP	<input checked="" type="checkbox"/> Delete
NAME	ROBINSON, BRIAN G	
STREET ADDRESS	2738 A EAGLE DR	
CITY-ST-ZIP	TYNDALL AFB FL 32403	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	SELLNER, MITCHELL T	
STREET ADDRESS	3519 PITSENBARGER CT	
CITY-ST-ZIP	TYNDALL AFB FL 32403	
TITLE	DS	<input type="checkbox"/> Delete
NAME	SCHWEINSBERG, DALE E	
STREET ADDRESS	2904 B BEACON BCH	
CITY-ST-ZIP	TYNDALL AFB FL 32403	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNYDER, LESLIE	
STREET ADDRESS	515 SUWANNEE AVE	
CITY-ST-ZIP	TYNDALL AFB, FL 32403	
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONNIE LANTZ	
STREET ADDRESS	515 SUWANNEE AVE	
CITY-ST-ZIP	TYNDALL AFB FL 32403	
TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KENT HAINES	
STREET ADDRESS	515 SUWANNEE AVE	
CITY-ST-ZIP	TYNDALL AFB FL 32403	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

**NOTARIZATION REQUIRED**

SNYDER

1/11/00

(850) 293-2433

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)