

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2001 8:00 am
Secretary of State

07-18-2001 90258 034 ****61.25

DOCUMENT # N98000007360

1. Entity Name

THE 325 SECURITY FORCES TOP 4 COMMITTEE INC.

Principal Place of Business

**515 SUWANNEE AVE
 TYNDALL AFB FL 32403**

Mailing Address

**515 SUWANNEE AVE
 TYNDALL AFB FL 32403**

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

**HAINES, KENT L
 515 SUWANNEE AVE
 TYNDALL AFB FL 32403**

Name

JOHN E. PELOQUIN

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

515 SUWANNEE ROAD

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

John E. Pelouquin

JOHN E. PELOQUIN

11 JULY 2001

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

After September 12, 2001, min. will be \$236.25

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 **DS** ☒ Delete
 NAME **SCHWEINSBERG, DALE E**
 STREET ADDRESS **2904 B BEACON BCH**
 CITY-ST-ZIP **TYNDALL AFB FL 32403**

TITLE **DP** ☒ Change ☐ Addition
 NAME **PELOQUIN, JOHN E.**
 STREET ADDRESS **2454 TAYLOR AVE**
 CITY-ST-ZIP **TYNDALL AFB FL 32403**

TITLE **DP** ☒ Delete
 NAME **SNYDER, LESLIE**
 STREET ADDRESS **515 SUWANNEE AVE**
 CITY-ST-ZIP **TYNDALL AFB FL 32403**

TITLE **DV** ☒ Change ☐ Addition
 NAME **DUGGINS, JEFFREY**
 STREET ADDRESS **6105 BOAT RACE RD**
 CITY-ST-ZIP **CALLOWAY FL 32401**

TITLE **DV** ☐ Delete
 NAME **LANTZ, CONNIE**
 STREET ADDRESS **515 SUWANNEE AVE**
 CITY-ST-ZIP **TYNDALL AFB FL 32403**

TITLE **DS** ☒ Change ☐ Addition
 NAME **TODD, PHIL**
 STREET ADDRESS **3514-B ANDREWS LOOP**
 CITY-ST-ZIP **TYNDALL AFB FL 32403**

TITLE **DT** ☐ Delete
 NAME **HAINES, KENT**
 STREET ADDRESS **515 SUWANNEE AVE**
 CITY-ST-ZIP **TYNDALL AFB FL 32403**

TITLE **DT** ☒ Change ☐ Addition
 NAME **NEELY, JOHN**
 STREET ADDRESS **103 SHADOW BAY CT.**
 CITY-ST-ZIP **CALLOWAY FL 32401**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 REQUIRED

11 JULY 2001

**(F50)
 283-2527**