

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90190 003 \*\*\*\*61.25

**DOCUMENT # N98000007360**

1. Entity Name  
**THE 325 SECURITY FORCES TOP 4 COMMITTEE INC.**

Principal Place of Business      Mailing Address  
**515 SUWANNEE AVE**      **515 SUWANNEE AVE**  
**TYNDALL AFB FL 32403**      **TYNDALL AFB FL 32403**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-3552035</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>PELOQUIN, JOHN E</b> <b>515 SUWANNEE AVE</b> <b>TYNDALL AFB FL 32403</b>				Name <b>Gilliard, Troy</b>			
				Street Address (P.O. Box Number is Not Acceptable) <b>515 Suwannee Ave</b>			
				City <b>Tyndall AFB</b>		<b>FL</b>	

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: DATE: **9 Apr 02**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	DP	<input checked="" type="checkbox"/> Delete		TITLE	DP	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	PELOQUIN, JOHN E			NAME	Gilliard, Troy		
STREET ADDRESS	2454 TAYLOR AVENUE			STREET ADDRESS	6301 Babby Lane		
CITY-ST-ZIP	TYNDALL AFB FL 32403			CITY-ST-ZIP	Panama City, FL 32404		
TITLE	DV	<input checked="" type="checkbox"/> Delete		TITLE	DV	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	DUGGINS, JEFFREY			NAME	Burkett, Jake		
STREET ADDRESS	6105 BOAT RACE ROAD			STREET ADDRESS	2830 Harrison Ave #F		
CITY-ST-ZIP	CALLOWAY FL 32401			CITY-ST-ZIP	Panama City, FL 32401		
TITLE	DV	<input checked="" type="checkbox"/> Delete		TITLE	DT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LANTZ, CONNIE			NAME	Milligan, Thomas		
STREET ADDRESS	515 SUWANNEE AVE			STREET ADDRESS	3175 A Voodoo Drive		
CITY-ST-ZIP	TYNDALK AFB FL 32403			CITY-ST-ZIP	Panama City, FL 32403		
TITLE	DT	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HAIRES, KENT			NAME			
STREET ADDRESS	515 SUWANNEE AVE			STREET ADDRESS			
CITY-ST-ZIP	TYNDALL AFB FL 32403			CITY-ST-ZIP			
TITLE	DS	<input checked="" type="checkbox"/> Delete		TITLE	DS	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TODD, PHILL			NAME	Allen, Bill		
STREET ADDRESS	3514-B ANDREWS LOOP			STREET ADDRESS	2830 Harrison Ave #F		
CITY-ST-ZIP	TYNDALL AFB FL 32403			CITY-ST-ZIP	Panama City, FL 32401		
TITLE	DT	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NEELY, JOHN			NAME			
STREET ADDRESS	103 SHADOW COURT			STREET ADDRESS			
CITY-ST-ZIP	CALLOWAY FL 32401			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: DATE: **9 APR 02** DAYTIME PHONE #: **(850) 283-9913**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)