

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002813

1. Entity Name

WEST CENTRAL CHAPTER, THE RETIRED OFFICERS ASSOC

**FILED**  
**Mar 27, 2000 8:00 am**  
**Secretary of State**

03-27-2000 90107 025 \*\*\*\*61.25

Principal Place of Business

3263 ABERYLS ST  
SPRING HILL FL 34606

Mailing Address

3263 ABERYLS ST  
SPRING HILL FL 34606-3004

2. Principal Place of Business

3263 ABERYLS ST

3. Mailing Address

3263 ABERYLS ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SPRING HILL FL

City & State

SPRING HILL FL

4. FEI Number

31-1652881

Applied For

Not Applicable

Zip

Country

34606 - USA

Zip

Country

34606 U.S.A -

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

OBERG, DOROTHY  
7614 JOMEL DRIVE  
SPRING HILL FL 34607

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRESIDENT  
DONALD KNOTSON  
3263 ABERYLS ST  
SPRING HILL, FL 34606 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DIRECTOR  
JAMES FOLEY  
11670 LINPEN DR  
SPRING HILL, FL 34608 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
1ST VP  
ALEXANDER JENKINS  
11450 LINPEN DR  
SPRING HILL, FL 34608 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DIRECTOR  
JOHN GERTNER  
6389 PINE MEADOWS DR  
SPRING HILL, FL 34606 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
2ND VP  
WILLIAM YOLO  
5134 CARRISSA CT  
SPRING HILL, FL 34606 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DIRECTOR  
ROBERT HOFFMANN  
12287 HALLMARK AVE  
BROOKSVILLE, FL 34613 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SECRETARY  
BLAINE DAVIDSON  
2443 GRANDFATHER MTN  
SPRING HILL, FL 34606 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DIRECTOR  
ROBIN MURRAY  
7489 OAK TREE LN  
SPRING HILL, FL 34607 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TREASURER  
DOROTHY OBERG  
7614 JOMEL DR  
SPRING HILL, FL 34607 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DIRECTOR  
TERRENCE GALLOWAY  
7367 SUGARBUSH DR  
SPRING HILL, FL 34606 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ 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: Donald Knotson, President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

21 MARCH 2000 (352) 666-4105  
Date Daytime Phone #

CR2E037 (9/99)