

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002813

1. Entity Name

WEST CENTRAL CHAPTER, THE RETIRED OFFICERS ASSOC

Principal Place of Business

3263 ABERYLS ST
SPRING HILL FL 34606

Mailing Address

3263 ABERYLS ST
SPRING HILL FL 34606

2. Principal Place of Business

11450 Linden Dr

Suite, Apt. #, etc.

3. Mailing Address

P. O. Box 3065

Suite, Apt. #, etc.

City & State

Spring Hill, FL

City & State

Spring Hill, FL

4. FEI Number

31-1652881

Applied For
Not Applicable

Zip

34608

Country

U.S.A.

Zip

34611-3065

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

OBERG, DOROTHY
7614 JOMEL DRIVE
SPRING HILL FL 34607

7. Name and Address of New Registered Agent

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOLEY, JAMES 11670 LINDEN DR SPRING HILL FL 34608	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARSTNER, JOHN 6389 PINE MEADOWS DR SPRING HILL FL 34606	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOFFMAN, ROBERT 12287 HALLMARK AVE BROOKVILLE FL 34613	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KNUTSON, DONALD 3263 ABERYLS ST SPRING HILL FL 34606	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VP JENKINS, ALEXANDER 11450 LINDEN DR SPRING HILL FL 34608	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP YOLO, WILLIAM 5134 CARISSA CT SPRING HILL FL 34606	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ALEXANDER JENKINS Pres. 11450 Linden Dr. Spring Hill, FL 34608 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VP William Gemmill 11294 Richford LN Spring Hill, FL 34609 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP Larry Doyls 3364 Oleander Dr Spring Hill, FL 34607 <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5 APRIL 01 (352) 683-5073

Date Daytime Phone #

FILED

Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90139 019 ****61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)