

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90048 020 ****61.25

DOCUMENT # N99000002813

1. Entity Name

WEST CENTRAL CHAPTER, THE RETIRED OFFICERS ASSOCIATION, INC.

Principal Place of Business

11450 LINDEN DR
 SPRING HILL FL 34608
 US

Mailing Address

P O BOX 3065
 SPRING HILL FL 34611-3065
 US

2. Principal Place of Business

7614 Jomel Dr

3. Mailing Address

7614 Jomel Dr

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

U.S.A.

Zip

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	D	FOLEY, JAMES	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		11670 LINDEN DR	
CITY-ST-ZIP		SPRING HILL FL 34608	
TITLE	D	GARSTNER, JOHN	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		6389 PINE MEADOWS DR	
CITY-ST-ZIP		SPRING HILL FL 34606	
TITLE	D	HOFFMAN, ROBERT	<input checked="" type="checkbox"/> Delete
NAME			
STREET ADDRESS		12287 HALLMARK AVE	
CITY-ST-ZIP		BROOKSVILLE FL 34613	
TITLE	P	JENKINS, ALEXANDER	<input checked="" type="checkbox"/> Delete
NAME			
STREET ADDRESS		11450 LINDEN DR	
CITY-ST-ZIP		SPRING HILL FL 34608	
TITLE	1VP	GEMMILL, WILLIAM	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		11294 RICHFORD LANE	
CITY-ST-ZIP		SPRING HILL FL 34609	
TITLE	2VP	DOYLS, LARRY	<input checked="" type="checkbox"/> Delete
NAME			
STREET ADDRESS		3364 OLEANDER DR	
CITY-ST-ZIP		SPRING HILL FL 34607	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	D	LOWE, SAMUAL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS		2468 GRANGFATHER MT., SPRING HILL, FL 34606	
CITY-ST-ZIP			
TITLE	P	KNUTSON, DONALD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS		3462 ABERYLS ST.	
CITY-ST-ZIP		SPRING HILL, FL 34606	
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	2VP	MORANA, NICHOLAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS		2754 DRUMMOND DR.	
CITY-ST-ZIP		SPRING HILL, FL 34608	

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

DONALD KNUTSON, 11 JAN 02 (352)666-4105

Date

Daytime Phone #

CR2E037 (9/01)