

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 01, 2001 8:00 am**  
**Secretary of State**

03-01-2001 91339 020 \*\*\*\*61.25

**DOCUMENT # 737028**

1. Entity Name

**RETIRED ARMY JUDGE ADVOCATES ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**8 EISENHOWER PLACE  
 PALM COAST FL 32164  
 US**

**8 EISENHOWER PLACE  
 PALM COAST FL 32164  
 US**

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

**59-1737757**

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

**PIERCE, DONALD L  
 8 EISENHOWER PLACE  
 PALM COAST FL 32164**

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	PD	<input type="checkbox"/> Delete
NAME	MUNDT, JAMES A	
STREET ADDRESS	4538 VALENCIA CIRCLE	
CITY-ST-ZIP	COLORADO SPRINGS CO 80917	
TITLE	D	<input type="checkbox"/> Delete
NAME	PIERCE, DONALD L	
STREET ADDRESS	8 EISENHOWER PLACE	
CITY-ST-ZIP	PALM COAST FL 32164	
TITLE	D	<input type="checkbox"/> Delete
NAME	RICE, PAUL J	
STREET ADDRESS	7835 VERVAIN COURT	
CITY-ST-ZIP	SPRINGFIELD VA 22152	
TITLE	D	<input type="checkbox"/> Delete
NAME	MEENGs, PHILLIP G	
STREET ADDRESS	1515 SAN PABLO DRIVE	
CITY-ST-ZIP	LAKE SAN MARCOS CA 92069	
TITLE	D	<input type="checkbox"/> Delete
NAME	CONBOY, JOSEPH B	
STREET ADDRESS	3208 57TH ST	
CITY-ST-ZIP	LUBBOCK TX 78232	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WERNER, STEVE	
STREET ADDRESS	<del>103 S. WEBER ST</del> 301 S. Weber	
CITY-ST-ZIP	COLORADO SPRINGS, CO 80903	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NACARRATO, TIM	
STREET ADDRESS	3354 MARINA COVE DR.	
CITY-ST-ZIP	ELK GROVE, CA 95758	
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		

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 OF JAMES A. MUNDT* James A. Mundt, Pres. 2/21/01 719-578-1152

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)