

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 25, 2002 8:00 am**  
**Secretary of State**

02-25-2002 90040 007 \*\*\*\*61.25

**DOCUMENT # 762295**

1. Entity Name

**339TH FIGHTER GROUP ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**19410 US HWY 41  
 LUTZ FL 33549  
 US**

**C/O JAMES R. STARNES  
 P.O. BOX 251  
 LUTZ FL 33549-0251  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip **33548**

Country

Zip **33548**

Country

4. FEI Number **59-2176422**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STARNES, JAMES R.  
 19410 U. S. HIGHWAY 41  
 LUTZ FL 33549**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code **33548**

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.

All above addresses should show ZIP 33548

SIGNATURE \_\_\_\_\_ (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	<b>TD GUYTON, WILLIAM R. 1272 LAKESIDE WOODS DR. VENICE FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD STEFFEN, CHARLES J 4212 WOODRIDGE DR SW ROANOKE VA 24018</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD ANANIAN, STEPHEN 4 N ORCHARD FARMS AVE SIMPSONVILLE SC 29681</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD THIEME, RICHARD G. 2732 SOUTH SEVENTH STREET SHEBOYGAN, WI 53081</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD GRAHAM, GERALD E. 353 BALL PARK BLVD NW GRAND RAPIDS, MI 39504</b>	<input type="checkbox"/> Change <input checked="" 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	<b>VD STEPHENSON, ENOCH B. JR. 507 LOYOLA DRIVE NASHVILLE, TN 37205</b>	<input type="checkbox"/> Change <input checked="" 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

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:** *Richard G. Thieme* **RICHARD G. THIEME** **11 FEB 02** **920-452-4780**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)