

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 15, 2003 8:00 am**  
**Secretary of State**

01-15-2003 90268 002 \*\*\*\*61.25

**DOCUMENT # N43859**

1. Entity Name  
**NAVY SEABEE VETERANS OF AMERICA ISLAND X-5, DEPARTMENT OF FLORIDA, INC.**



Principal Place of Business  
**1431 S OCEAN BLVD  
62  
POMPANO BCH FL 33062  
US**

Mailing Address  
**1431 S OCEAN BLVD  
#62  
POMPANO BCH FL 33062  
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number **NOT APPLICABLE**  
Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**HOFFMAN, RICHARD.  
1431 S OCEAN BLVD  
62  
POMPANO BCH FL 33062**

**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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

|                |   |
|----------------|---|
| TITLE NAME     | <b>D</b> <input type="checkbox"/> Delete                                |
| STREET ADDRESS | <b>CREPE, PAUL<br/>16175 GULF CLUB DRIVE<br/>WESTON FL UNK-NOWN</b>     |
| TITLE NAME     | <b>D</b> <input type="checkbox"/> Delete                                |
| STREET ADDRESS | <b>HOFFMAN, RICHARD E.<br/>1431 S OCEAN BLVD #62<br/>POMPANO BCH FL</b> |
| TITLE NAME     | <b>D</b> <input type="checkbox"/> Delete                                |
| STREET ADDRESS | <b>HARRISON, HENRY<br/>401 S OCEAN 10<br/>HOLLYWOOD FL UNK-NOWN</b>     |
| TITLE NAME     | <b>D</b> <input type="checkbox"/> Delete                                |
| STREET ADDRESS | <b>MAGIE, ROBERT A.<br/>925 N. 32ND AVE.<br/>HOLLYWOOD FL</b>           |
| TITLE NAME     | <b>D</b> <input type="checkbox"/> Delete                                |
| STREET ADDRESS | <b>KALNOFSKE, GEORGE<br/>1550 SR 84 #211<br/>FT LAUDERDALE FL</b>       |
| TITLE NAME     | <input type="checkbox"/> Delete   |

|                |   |
|----------------|---|
| TITLE NAME     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS |   |
| TITLE NAME     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS |   |

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 E. Hoffman

954-942-9544

CR2E037 (10/02)