

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**

**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90101 044 \*\*\*\*66.25

**DOCUMENT # N94000002539**

1. Entity Name

**THE 388TH BOMB GROUP ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

3901 S.E. 9TH COURT  
 CAPE CORAL FL 33904-5214  
 US

3901 S.E. 9TH COURT  
 CAPE CORAL FL 33904-5214  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State.

4. FEI Number

**65-0560339**

Applied For  
 Not Applied For

Zip

Country

Zip

Country

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

**FINKBEINER, CLARENCE E**  
**3901 S.E. 9TH COURT**  
**CAPE CORAL FL 33904-5214**

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	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WEIDENBUSCH, ALBERT</b>	
STREET ADDRESS	<b>1480 OAKMONT PLACE</b>	
CITY-ST-ZIP	<b>NICEVILLE FL 32578</b>	
TITLE	<b>2VP</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CAMPBELL, JASON L DR</b>	
STREET ADDRESS	<b>111 STOCKLEY ST.</b>	
CITY-ST-ZIP	<b>REHOBOTH BEACH DE 19971</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>RIPLEY, JAMES</b>	
STREET ADDRESS	<b>200 E. GRAND ST.</b>	
CITY-ST-ZIP	<b>LAMONTE MO 65337</b>	
TITLE	<b>1VPD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CARTER, RICHARD N</b>	
STREET ADDRESS	<b>26793 MAYWOOD ST.</b>	
CITY-ST-ZIP	<b>WOODHAVEN MO 48183</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>GOODMAN, GILBERT E</b>	
STREET ADDRESS	<b>1101 GARRIDO COURT</b>	
CITY-ST-ZIP	<b>CAMARILLO CA 93010</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>FINKBEINER, CLARENCE E</b>	
STREET ADDRESS	<b>3901 SE 9TH CT</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL 33904</b>	

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/>
NAME	<b>BOB R. WARD</b>	
STREET ADDRESS	<b>P.O. BOX 6</b>	
CITY-ST-ZIP	<b>CANADIAN, TX 79014</b>	
TITLE	<b>2VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/>
NAME	<b>FRANCIS H. HENGLER</b>	
STREET ADDRESS	<b>10843 SUMMIT STREET</b>	
CITY-ST-ZIP	<b>KANSAS CITY, MO 64114</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME	<b>PRES RICHARD N. CARTER</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/>
STREET ADDRESS	<b>26793 MAYWOOD ST.</b>	
CITY-ST-ZIP	<b>WOODHAVEN, MICH. 48183</b>	
TITLE	<b>1ST VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/>
NAME	<b>AUGUST C. BOLINO</b>	
STREET ADDRESS	<b>18 WESTMAN COURT</b>	
CITY-ST-ZIP	<b>SILVER SPRINGS, MO 20902</b>	
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 Clarence E. Finkbeiner*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-2000 (941) 542-1010  
 Date Daytime Phone #