

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

05-17-2001 90396 003 \*\*\*\*66.25

**DOCUMENT # N94000002539**

1. Entity Name

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

**80057598**



DO NOT WRITE IN THIS SPACE

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 Applicable

Zip

Country

Zip

Country

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

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WARD, BOB R</b> <b>P.O. BOX 6</b> <b>CANADIAN TX 79014</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2VP</b> <b>HENGLER, FRANCIS H</b> <b>10843 SUMMIT STREET</b> <b>KANSAS CITY MO 64114</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>RIPLEY, JAMES</b> <b>200 E. GRAND ST.</b> <b>LAMONTE MO 65337</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>CARTEN, RICHARD N</b> <b>26793 MAYWOOD ST.</b> <b>WOODHAVEN MI 48183</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1VP</b> <b>BOLINO, AUGUST C</b> <b>18 YESTMAN COURT</b> <b>SILVER SPRING MD 20902</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>FINKBEINER, CLARENCE E</b> <b>3901 SE 9TH CT</b> <b>CAPE CORAL FL 33904</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>LARRY CURTIS</b> <b>6210 SHAM ROCK DR.</b> <b>MADISON, MN 56063</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1ST VP</b> <b>JAMES COTTON</b> <b>12945 LOWER RIVER Rd</b> <b>ORLANDO, FL 32828-9026</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>RICHARD N. CARTER</b> <b>2673 MAYWOOD ST.</b> <b>WOODHAVEN, MI 48183</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AUGUST C. BOLINO</b> <b>8515 SECOND AVE</b> <b>SILVER SPRING, MD 20910</b>	<input type="checkbox"/> Change <input checked="" 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:

*Clarence E Finkbeiner*

5-10-2001 (941) 542-1076

CR2E037 (10/00)