

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000005189

1. Entity Name

NAVY LEAGUE OF THE UNITED STATES, GREATER CLEARW

Principal Place of Business

3892 TARPON POINTE CIRCLE
PALM HARBOR FL 34684
US

Mailing Address

3892 TARPON POINTE CIRCLE
PALM HARBOR FL 34684
US

2. Principal Place of Business

Mr. Jeff Ripberger
3100 Autumn Drive
Palm Harbor FL 34683

3. Mailing Address

Mr. Jeff Ripberger
3100 Autumn Drive
Palm Harbor FL 34683

4. FEI Number

59-3369479

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~WATERS WARREN E
100 BLUFF VIEW DR., APT. #202-C
BELLEAIR BLUFFS FL 33770~~

7. Name and Address of New Registered Agent

Mr. Jeff Ripberger
3100 Autumn Drive
Palm Harbor FL 34683

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

TITLE D ☒ Delete
NAME STOWELL, MILLARD
STREET ADDRESS 445 SWALECLIFF CLOSE
CITY-ST-ZIP PALM HARBOR FL 34683

TITLE V ☐ Delete
NAME KAMP, BRUCE
STREET ADDRESS 701 POINSETTIA RD
CITY-ST-ZIP BELLEAIR FL

TITLE PD ☒ Delete
NAME PUCCI, G. LEONARD
STREET ADDRESS 2406 SUMMERLIN DRIVE
CITY-ST-ZIP CLEARWATER FL 34624

TITLE T ☐ Delete
NAME ROSKO, JOHN E
STREET ADDRESS 220 PINE ROAD
CITY-ST-ZIP BELLEAIR FL 34616

TITLE JAD ☒ Delete
NAME WATERS, WARREN E
STREET ADDRESS 110 BLUFF VIEW DRIVE #202-C
CITY-ST-ZIP BELLEAIR BLUFFS FL 33770

TITLE D ☒ Delete
NAME DISSETTE, BETTY J
STREET ADDRESS 107 POINCIANA LANE
CITY-ST-ZIP HARBOR BLUFFS FL 34640

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PRES ☒ Change ☐ Addition
NAME Mr. Jeff Ripberger
STREET ADDRESS 3100 Autumn Drive
CITY-ST-ZIP Palm Harbor FL 34683

TITLE V.P. ☐ Change ☐ Addition
NAME G. Bruce Kamp
STREET ADDRESS 701 Poinsettia Road #340
CITY-ST-ZIP Clearwater FL 33756

TITLE V.P. ☒ Change ☐ Addition
NAME William Cannon
STREET ADDRESS 1161 Idlewild Drive South
CITY-ST-ZIP Dunedin FL 34698

TITLE T ☐ Change ☐ Addition
NAME John E. Rosko
STREET ADDRESS 220 Pine Road
CITY-ST-ZIP Belleair FL 33756

TITLE V.P. ☒ Change ☐ Addition
NAME Robert Gray
STREET ADDRESS 516 Crystal Drive
CITY-ST-ZIP Madeira Beach FL 33708

TITLE SEC. ☒ Change ☐ Addition
NAME Dolores Kyack
STREET ADDRESS 516 Crystal Drive
CITY-ST-ZIP Madeira Beach FL 33708

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)