

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 763442

1. Entity Name

USS TENNESSEE REUNION ASSOCIATION, INC.

Principal Place of Business

P. O. BOX 1174  
WILLOW GROVE PA 19090-0704  
US

Mailing Address

P. O. BOX 1174  
WILLOW GROVE PA 19090-0704  
US

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

22-2520950

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

RODGERS, JAMES  
4101 SW 139TH AVE.  
MIRAMAR FL 33027

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.

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 ☒ Delete  
NAME GRAHN, ALVIN  
STREET ADDRESS 30 WORKMAN DR  
CITY-ST-ZIP WOODBURN OR 97071-4530

TITLE ☐ Delete  
NAME PDS  
NAME GALOW, RALPH  
STREET ADDRESS 521 INMAN TERR  
CITY-ST-ZIP WILLOW GROVE PA

TITLE ☐ Delete  
NAME TD  
NAME HOMANN, AL  
STREET ADDRESS PO BOX 480 N/A  
CITY-ST-ZIP SILVERTON CO

TITLE ☐ Delete  
NAME VD  
NAME EZELL, MORRIS  
STREET ADDRESS 3614 MOON RIVER ROAD  
CITY-ST-ZIP AUSTIN TX

TITLE ☐ Delete  
NAME D  
NAME KERLEY, EDWARD  
STREET ADDRESS 2601 BELLEF ONTAIN C-309  
CITY-ST-ZIP HOUSTON TX 77025-1631

TITLE ☐ Delete  
NAME D  
NAME DICKSON, JOHN  
STREET ADDRESS P.O. BOX 801 (N/A)  
CITY-ST-ZIP PANHANDLE TX 79068

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME William Mayhugh  
STREET ADDRESS 2003 Sydnor St.  
CITY-ST-ZIP Ridgecrest, CA 93555

TITLE ☐ Change ☐ Addition  
NAME C/D/S  
NAME Ralph Galow  
STREET ADDRESS 521 Inman Terrace  
CITY-ST-ZIP Willow Grove, PA 19090

TITLE ☐ Change ☐ Addition  
NAME  
NAME  
STREET ADDRESS Silverton, CO 81433

TITLE ☐ Change ☐ Addition  
NAME P/D  
NAME Morris Ezell  
STREET ADDRESS 217 Cobblestone Cir.  
CITY-ST-ZIP Edmonds, OK 73034

TITLE ☐ Change ☐ Addition  
NAME  
NAME  
STREET ADDRESS

TITLE ☐ Change ☐ Addition  
NAME V / D  
NAME Charles E. Brinly  
STREET ADDRESS 166 Olde Mill Circle S. Drive  
CITY-ST-ZIP Indianapolis, IN 46260-2373

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 #

FILED  
Jan 26, 2001 8:00 am  
Secretary of State

01-26-2001 90138 029 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)