## 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 705700  1. Entity Name  AMERICAN CIVIL DEFENSE ASSOCIATION, INC.					FILED Feb 08, 2000 8:00 am Secretary of State			
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FEI Numbe	59-1981319		plied For t Applicable	
Zip	Country	Zip	Country		of Status Desired	\$8.75 Add Fee Require		
	6. Name and Address of Current	Registered Agent	Name	7. Name and	Address of New Reg	istered Agent	<u> </u>	
EILAND, KATHY 118 COURT ST STARKE FL 32091			Street A	ddress (P.O. Box Numbe	ss (P.O. Box Number is Not Accéptable)			
SIARRE	. 32091		City			FL Zip Cod	<del>0</del>	
SIGNATURE	Signature typed or printed name of registered agent  FILE NOW: FEE IS \$61.25	9. Election Campaign Trust Fund Contribu		ture required when reinstating)  \$5.00 May Be Added to Fees		Check Payable to	00	
10.	OFFICERS AND DI		11.	ADDITIONS/CH,	ANGES TO OFFICERS	S AND DIRECTORS IN		
NAME STREET ADDRESS CITY-ST-ZIP	BRIGGS, KEVIN 5121 FIRST ROAD FAIRFAX VA	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GREENE, NANCY D P O BOX 7339 N/A INCLINE VILLAGE NV	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EILAND, KATHY 118 COURT ST	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BASS, REGINA RTE 4 BOX 1304 STARKE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Frampton, B Etc & BOX 47 Starke, FL	/a	Change	PAten.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change		

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:** 

12:00011120 PRESIDED

Jeb 03,2000

404/964-539