

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 715698

1. Entity Name

INTERNATIONAL NAVAL RESEARCH ORGANIZATION, INC.

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90038 012 ****61.25

Principal Place of Business

Mailing Address

C/O HENRY P. TRAWICK JR
5905 REINWOOD DRIVE
TOLEDO OH 43613

C/O HENRY P. TRAWICK JR
5905 REINWOOD DRIVE
TOLEDO OH 43613-5605

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

34-1566095

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

TRAWICK, HAMMERSLEY & VALENTINE, P.A.
2051 MAIN STREET
SARASOTA FL 34237

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 PD ☐ Delete
NAME HARRIS, ALLAN C
STREET ADDRESS 5905 REINWOOD DRIVE
CITY-ST-ZIP TOLEDO OH

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME WRIGHT, CHRISTOPHER C.
STREET ADDRESS 12847 FOLLY QUARTER RD
CITY-ST-ZIP ELLICOTT CITY MD

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME SMYERS, RICHARD P
STREET ADDRESS 327 VIRGINIA AVENUE
CITY-ST-ZIP LAPORTE IN

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME HARRIS, ALLAN C
STREET ADDRESS 5905 REINWOOD DRIVE
CITY-ST-ZIP TOLEDO OH

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME DALE, GEORGE F.
STREET ADDRESS BOX 3249 FIRST ST. STA.
CITY-ST-ZIP RADFORD VA

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALLAN C. HARRIS 1/17-2000 (419) 472-1331
Date Daytime Phone #

CR2E037 (9/99)