

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 738355

1. Entity Name

THE 8TH AIR FORCE MEMORIAL MUSEUM FOUNDATION, IN

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90096 040 ****61.25

Principal Place of Business

Mailing Address

505 HONEYSUCKLE COURT
PINE GROVE PA 17963
US

P.O. BOX 295
PINE GROVE PA 17963-0295
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1757630

Applied For

Not Applicable

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

PETERSON, CLIFFORD L
2120 WOODCREST DR
WINTER PARK FL 32792

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 THOMAS, THOMAS L
STREET ADDRESS 1607 E WILLOW AVE
CITY-ST-ZIP WHEATON IL

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

TITLE DT ☐ Delete
NAME SWANSON, ARTHUR E
STREET ADDRESS 65 BEDDINTON LN
CITY-ST-ZIP STRASBURG PA

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

TITLE D ☒ Delete
NAME HOWER, JAMES P
STREET ADDRESS 3300 DALE AVE
CITY-ST-ZIP ST JOSEPH MO 54505

TITLE D ☐ Change ☒ Addition
NAME **ARDIZZI, PETER F.**
STREET ADDRESS **835 ST. DAVIDS AVE.**
CITY-ST-ZIP **WARMMASTER, PA 18974**

TITLE PD ☐ Delete
NAME GREENWOOD, JOHN E.
STREET ADDRESS 607 STATE STREET
CITY-ST-ZIP ALTON IL

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

TITLE D ☐ Delete
NAME PETERSON, CLIFFORD L
STREET ADDRESS 2120 WOODCREST DRIVE
CITY-ST-ZIP WINTER PARK FL

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

TITLE DS ☐ Delete
NAME VICKERS, ROBERT
STREET ADDRESS 10552 MONTGOMERY, N.E.
CITY-ST-ZIP ALBUQUERQUE NM

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 or without like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)