

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2000 8:00 am**  
**Secretary of State**

03-06-2000 90103 025 \*\*\*\*61.25

**DOCUMENT # 760771**

1. Entity Name

**U.S.S. KIDD ASSOCIATION, INC., DESTROYER SQUADRO**

Principal Place of Business

Mailing Address

1917 WREN AVE  
 FT PIERCE FL 34982  
 US

1917 WREN AVE  
 FT PIERCE FL 34982-5634  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**36-2541073**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GATH, WILLIAM**  
**1917 WREN AVENUE**  
**FT PIERCE FL 34982**

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code
<b>FL</b>	

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete	TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHWARZ, JOAN J.</b>	NAME	<b>John J. Schulte</b>
STREET ADDRESS	<b>3315 S 8TH ST</b>	STREET ADDRESS	<b>3315 S 8th Ave.</b>
CITY-ST-ZIP	<b>ANDERSON IN 46012-4601</b>	CITY-ST-ZIP	<b>Anderson. IN 46012</b>
TITLE	<b>STD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MILLS, EDWARD</b>	NAME	
STREET ADDRESS	<b>3909 SW 30TH PLACE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>CAPE CORAL FL 33914-5563</b>	CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOOSE, HERBERT L.</b>	NAME	
STREET ADDRESS	<b>9684 WEST MCNAB ROAD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>TAMARAC FL</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>YARLING, RICHARD</b>	NAME	
STREET ADDRESS	<b>729 N PENNSYLVANIA</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>INDIANAPOLIS IN</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BROCKWAY, WALTER</b>	NAME	
STREET ADDRESS	<b>5212 PALCO PL</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>COLLEGE PARK MD 20740</b>	CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KRISS, DANIEL</b>	NAME	
STREET ADDRESS	<b>905 GRANT ST</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>HERNDON VA</b>	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: *Edward R. Mills* **Edward R. Mills** **3/1/2000** **941-542-2728**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)