

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 760771

1. Entity Name

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

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

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

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

Zip

Country

Zip

Country

4. FEI Number

36-2541073

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

GATH, WILLIAM
1917 WREN AVENUE
FT PIERCE FL 34982

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 D ☒ Delete
NAME SCHWARZ, JOAN J.
STREET ADDRESS 3315 S 8TH ST
CITY-ST-ZIP ANDERSON IN 46012-4601

TITLE D ☒ Change ☐ Addition
NAME John J. Schulte
STREET ADDRESS 3315 S 8th Ave.
CITY-ST-ZIP Anderson. IN 46012

TITLE STD ☐ Delete
NAME MILLS, EDWARD
STREET ADDRESS 3909 SW 30TH PLACE
CITY-ST-ZIP CAPE CORAL FL 33914-5563

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

TITLE V ☐ Delete
NAME BOOSE, HERBERT L.
STREET ADDRESS 9664 WEST MCNAB ROAD
CITY-ST-ZIP TAMARAC FL

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

TITLE D ☐ Delete
NAME YARLING, RICHARD
STREET ADDRESS 729 N PENNSYLVANIA
CITY-ST-ZIP INDIANAPOLIS IN

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

TITLE D ☐ Delete
NAME BROCKWAY, WALTER
STREET ADDRESS 5212 PALCO PL
CITY-ST-ZIP COLLEGE PARK MD 20740

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

TITLE PD ☐ Delete
NAME KRISS, DANIEL
STREET ADDRESS 905 GRANT ST
CITY-ST-ZIP HERNDON VA

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:

Edward R. Mills
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/2000 941-542-2728
Date Daytime Phone #

CR2E037 (9/99)