

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 760771

1. Entity Name

U.S.S. KIDD ASSOCIATION, INC., DESTROYER SQUADRO
N 48

Principal Place of Business

1917 WREN AVE
FT PIERCE FL 34982
US

Mailing Address

1917 WREN AVE
FT PIERCE FL 34982
US

2. Principal Place of Business

3909 SW 20th Place

Suite, Apt. #, etc.

3. Mailing Address

3909 SW20th Place

Suite, Apt. #, etc.

City & State

Cape Coral, FL

City & State

Cape Coral, FL

Zip

33914-5563

Country

Lee

Zip

33914-5563

Country

Lee

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

MILLS, EDWARD R
3909 SW 20TH PLACE
CAPE CORAL FL 33914

7. Name and Address of New Registered Agent

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

Edward R. Mills

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

23 Jan. 02

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

TITLE D
NAME SCHULTE, JOHN J
STREET ADDRESS 3315 S 8TH AVE.
CITY-ST-ZIP ANDERSON IN 46012-4601 ☐ Delete

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

TITLE D
NAME BOOSE, HERBERT L.
STREET ADDRESS 9664 WEST MCNAB ROAD
CITY-ST-ZIP TAMARAC FL 33321 ☐ Delete

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE PSTD
NAME Mills, Edward
STREET ADDRESS 3909 SW 20th Place
CITY-ST-ZIP Cape Coral, FL 33914-5563 ☒ Change ☐ Addition

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

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

TITLE ☐ Change ☐ Addition
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:

Edward R. Mills, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/23/02

941-542-2728

CR2E037 (9/01)