## **2000 UNIFORM BUSINESS REPORT (UBR)**

## **FILED** DOCUMENT # 767842 Mar 16, 2000 8:00 am 1. Entity Name **Secretary of State** ARMY COUNTER INTELLIGENCE CORPS VETERANS, INC. 03-16-2000 90094 011 \*\*\*\*61.25 Principal Place of Business Mailing Address C/O WILLIAM L. BURMESTER C/O WILLIAM L. BURMESTER 652 DORAL LANE. SUNTREE 652 DORAL LANE. SUNTREE MELBOURNE FL 32940 MELBOURNE FL 32940 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-2285420 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name -Street Address (P.O. Box Number is Not Acceptable) BURMESTER, WILLIAM L. 652 DORAL LANE, SUNTREE **MELBOURNE FL 32940** Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NQTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. **FEE IS \$61.25** Added to Fees **Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. CD TITLE Change **X** Addition ☐ Delete TITLE BURTON OLIVER 10313 FOREST AV NAME MEWS, ALLEN NAME STREET ADDRESS STREET ADDRESS 2826 COLLEGE VIEW DR. CITY-ST-7IP FAIRFAX VA 22030-3244 CITY-ST-ZIP **CHURCHVILLE MD 21029** ▲ Addition TITLE ☐ Delete TITLE ☐ Change CAMINER GERALDE NAME AAMONDT, HUBERT NAME 1723 POWELL DR STREET ADDRESS STREET ADDRESS 114901 TUCAN VENTURA CA 93004-3160 CITY-ST-ZIP CITY-ST-ZIP FT. PIERCE FL 34951-4444 TITLE Delete -TITLE-- ☐ Change - 🔀 Addition GELETA. LED NAME AAMODT, URSULA NAME 6916 NORMAN AV STREET ADDRESS STREET ADDRESS 14901 TUCAN BALTIMORE MD 21222-1247 CITY-ST-ZIP CITY-ST-7IP FT. PIERCE FL 34951-4444 ☐ Delete TITLE RHOADES ROBERT C **Addition** TITLE NAME **FUKUHARA FRED** 1220 OAKHAVEN DR STREET ADDRESS STREET ADDRESS 6508 TIMBERVIEW DR ROSWELL GA 30075-1810 CITY-ST-ZIP CITY-ST-ZIP SAN JOSE CA 95120 TIMMERMANN WILFRED R Change 2306 COMBURG CASTLE WAY TITLE **⊠** Delete TITLE GROHGAN, FRED NAME NAME STREET ADDRESS STREET ADDRESS 348 CULPEPPER ST. AUSTIN TX 78748-5204 CITY-ST-ZIP CITY-ST-ZIP WARRENTON VA M Delete ☐ Change ☐ Addition TITLE TITLE DRAKE, CLARE NAME NAME STREET ADDRESS STREET ADDRESS 609 SRINGLAKE DR. CITY-ST-ZIP CITY-ST-ZIP **MELBOURNE FL 32940** 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 addless, with at other like empowered.

SIGNATURE: SIGNATURE REQUIRED DIRECTOR // MARCH 2000 561/460-692.

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

## 11. CONTINUED

DELETION OF FOLLOWING NAMED DIRECTORS:

HUFFINE MARGARET
KINNEY HARRY
KLEKNER ARTHUR A
KOYAMA SPADY
RANCE RICHARD
RAUZI -FRANK-