

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90015 025 ****61.25

DOCUMENT # 767842

1. Entity Name

ARMY COUNTER INTELLIGENCE CORPS VETERANS, INC.

Principal Place of Business

Mailing Address

**C/O WILLIAM L. BURMESTER
 652 DORAL LANE, SUNTREE
 MELBOURNE FL 32940**

**C/O WILLIAM L. BURMESTER
 652 DORAL LANE, SUNTREE
 MELBOURNE FL 32940**

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

59-2285420

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

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 NAME STREET ADDRESS CITY-ST-ZIP	D BAGOT, ALFRED W PO BOX 14 CARSTINE ME 04421-0014	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AAMONDT, HUBERT 114901 TUCAN FT. PIERCE FL 34951-4444	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AAMODT, URSULA 14901 TUCAN FT. PIERCE FL 34951-4444	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FUKUHARA FRED 6508 TIMBERVIEW DR SAN JOSE CA 95120	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLIVER, BURTON 10313 FOREST AV FAIRFAX VA 22030-3244	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GELETA, LED A 6916 NORMAN AV BALTIMORE MD 21222-1247	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOUGHERTY, MILLARD F 107 CROFTLEY RD LUTHERVILLE MD 21093-5804	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEISER, EDWARD H 11 PINWOOD DR CLIFTON PARK NY 12065-4813	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOSER, FRANK E 33 VALERTON CT SAN FRANCISCO CA 94112-3224	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD PATTERSON, JOEL M 7005 BRASSFIELD DR CUMMING GA 30041-8371	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEELEY, ISABELLA P 6321 PUMA PL NE ALBUQUERQUE NM 87111-7223	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SNYDER, RICHARD B 2017 EL RANCHO DR SUN CITY CENTER FL 33573-5154	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

CR2E037 (9/01)

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: *Hubert Aamondt* **DIRECTOR**

4/19/02

561/460-6924

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #