

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90378 040 \*\*\*\*61.25

**DOCUMENT # 767842**

1. Entity Name  
**ARMY COUNTER INTELLIGENCE CORPS VETERANS, INC.**



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

Mailing Address  
**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

4. FEI Number **59-2285420**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete  
NAME **DOUGHERTY, MILLARD F**  
STREET ADDRESS **107 CROFTLEY RD**  
CITY-ST-ZIP **LUTHERVILLE TIMONIUM MD 21093-5804**

TITLE **D/RA** ☐ Change ☒ Addition  
NAME **BURMESTER, WILLIAM L**  
STREET ADDRESS **652 DORAL LN, SUNTREE**  
CITY-ST-ZIP **MELBOURNE, FL 32940**

TITLE **D** ☐ Delete  
NAME **MEISER, EDWARD H**  
STREET ADDRESS **11 PINWOOD DRIVE**  
CITY-ST-ZIP **CLIFTON PARK NY 12065-4813**

TITLE **~~XXXXXXXXXX~~** ☐ Change ☒ Addition  
NAME **~~XXXXXXXXXX~~**  
STREET ADDRESS **~~XXXXXXXXXX~~**  
CITY-ST-ZIP **~~XXXXXXXXXX~~**

TITLE **D** ☐ Delete  
NAME **MOSER, FRANK**  
STREET ADDRESS **33 VALERTON COURT**  
CITY-ST-ZIP **SAN FRANCISCO CA 94112-3224**

TITLE **D** ☐ Change ☒ Addition  
NAME **~~XXXXXXXXXX~~**  
STREET ADDRESS **~~XXXXXXXXXX~~**  
CITY-ST-ZIP **~~XXXXXXXXXX~~**

TITLE **CD** ☐ Delete  
NAME **PATTERSON, JOEL M**  
STREET ADDRESS **7005 BRASS FIELD DRIVE**  
CITY-ST-ZIP **CUMMING GA 30041-8371**

TITLE **D** ☐ Change ☒ Addition  
NAME **SURPRENANT, BETTY J**  
STREET ADDRESS **14846 DASMARINAS DRIVE**  
CITY-ST-ZIP **CORPUS CHRISTI, TX 78418-6108**

TITLE **D** ☒ Delete  
NAME **SEELEY, ISABELLA P**  
STREET ADDRESS **6321 PUMA PL NE**  
CITY-ST-ZIP **ALBUQUERQUE NM 87111-7223**

TITLE **D** ☐ Change ☒ Addition  
NAME **KELLY, MERRILL T**  
STREET ADDRESS **818 EDEN COURT**  
CITY-ST-ZIP **ALEXANDRIA, VA 22309-2034**

TITLE **D** ☐ Delete  
NAME **SNYDER, RICHARD B**  
STREET ADDRESS **2017 EL RANCHO DRIVE**  
CITY-ST-ZIP **SUN CITY CENTER FL 33573-5154**

TITLE **D** ☐ Change ☒ Addition  
NAME **DAVIS, EDWARD L**  
STREET ADDRESS **6017 PONDEROSA NE**  
CITY-ST-ZIP **ALBUQUERQUE, NM 87110**

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: *William L. Burmester* **WILLIAM L BURMESTER 04/17/03 (371) 259-6610**

CR2E037 (10/02)