

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000000896

1. Entity Name

USS NEW JERSEY VETERANS, INC.

Principal Place of Business

83 QUEENS WAY
PORT ORANGE FL 32119
US

Mailing Address

83 QUEENS WAY
PORT ORANGE FL 32119-4036
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

16-1259166

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

MCDOWELL, RICHARD A
83 QUEENS WAY
PORT ORANGE FL 32119

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 PD ☐ Delete
NAME ESSER, RICHARD
STREET ADDRESS 3930 MEISTER RD
CITY-ST-ZIP LORAIN OH 44053

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

TITLE D ☐ Delete
NAME ELWOOD, GEORGE H
STREET ADDRESS 10 WEST MAIN ST.
CITY-ST-ZIP HANCOCK NY 13783

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

TITLE CD ☐ Delete
NAME MARTIN, JAMES C
STREET ADDRESS 501-F WATERS EDGE DR.
CITY-ST-ZIP NEWPORT NEWS VA 23606

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

TITLE TD ☐ Delete
NAME MCDOWELL, RICHARD A
STREET ADDRESS 83 QUEENS WAY
CITY-ST-ZIP PORT ORANGE FL 32119

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

TITLE D ☐ Delete
NAME O'NEILL, FRANK L
STREET ADDRESS 7723 LEGION RD HWY
CITY-ST-ZIP VENTRESS LA

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

TITLE VPD ☐ Delete
NAME KALAKAUSKIS, LAWRENCE
STREET ADDRESS 6160 ROBERTS DR.
CITY-ST-ZIP SAN DIEGO CA 92139

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)(l), 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:

Richard A. McDowell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Jan 20 2000 1-904-756-1144

Daytime Phone #

CR2E037 (9/99)