

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90129 003 ****61.25

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
 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

Richard A. McDowell

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

(NOTE: Registered Agent signature required when reinstating)

Feb 23, 2001

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	<input type="checkbox"/> Delete
NAME	ESSER, RICHARD	
STREET ADDRESS	3930 MEISTER RD	
CITY-ST-ZIP	LORAIN OH 44053	
TITLE	D	<input type="checkbox"/> Delete
NAME	ELWOOD, GEORGE H	
STREET ADDRESS	10 WEST MAIN ST.	
CITY-ST-ZIP	HANCOCK NY 13783	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	MARTIN, JAMES C	
STREET ADDRESS	501-F WATERS EDGE DR.	
CITY-ST-ZIP	NEWPORT NEWS VA 23606	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MCDOWELL, RICHARD A	
STREET ADDRESS	83 QUEENS WAY	
CITY-ST-ZIP	PORT ORANGE FL 32119	
TITLE	D	<input type="checkbox"/> Delete
NAME	O'NEILL, FRANK L	
STREET ADDRESS	7723 LEGION RD HWY	
CITY-ST-ZIP	VENTRESS LA	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	KALAKAUSKIS, LAWRENCE	
STREET ADDRESS	6160 ROBERTS DR.	
CITY-ST-ZIP	SAN DIEGO CA 92139	

TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRED ADAMS	
STREET ADDRESS	202 AUTUMN TRAIL	
CITY-ST-ZIP	PORT ORANGE, FL 32119	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VICTOR WEAVER	
STREET ADDRESS	4947 MEADOW DRIVE	
CITY-ST-ZIP	MECHANICSVILLE, VA 23111	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ED CAMPBELL	
STREET ADDRESS	2354 MOUNTAIN VIEW COURT	
CITY-ST-ZIP	FAIRFIELD, CA 94533	
TITLE	D SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MIKE PRIME	
STREET ADDRESS	703 SENECA STREET	
CITY-ST-ZIP	FULTON, NY 13069	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Richard A. McDowell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 23, 2001

Date

904-756-7144

Daytime Phone #

CR2E037 (10/00)