

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # F95000001103**

1. Entity Name

**AMERICAN CANOE ASSOCIATION, INC.****FILED****May 19, 2002 8:00 am**  
**Secretary of State**

05-19-2002 90067 028 \*\*\*\*61.25

Principal Place of Business

Mailing Address

**7432 ALBAN STATION BLVD.  
SUITE B-232  
SPRINGFIELD VA 22150****7432 ALBAN STATION BLVD.  
SUITE B-232  
SPRINGFIELD VA 22150**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**84-0619411**

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

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET, STE #105  
TALLAHASSEE FL 32301**

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 **WILSON, C E**  
STREET ADDRESS **6 WHITEFACE INN RD, PO BOX 1970**  
CITY-ST-ZIP **LAKE PLACID NY 12946**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **VPD** ☒ Delete  
NAME **WHITLEY, KIM**  
STREET ADDRESS **715 WINSTON-SALEM AVE**  
CITY-ST-ZIP **VIRGINIA BEACH VA 23451**TITLE **VPD** ☒ Change ☐ Addition  
NAME **Patti Carothers**  
STREET ADDRESS **26322 Interstate 45**  
CITY-ST-ZIP **The Woodlands, TX 77386**TITLE **TD** ☒ Delete  
NAME **BUCHANAN, JEFFREY T**  
STREET ADDRESS **2806 ELM GROVE CT**  
CITY-ST-ZIP **KINGWOOD TX**TITLE **TD** ☒ Change ☐ Addition  
NAME **Richard E. Williams**  
STREET ADDRESS **P.O. Box 25300**  
CITY-ST-ZIP **Rochester, NY 14625**TITLE **ATD** ☐ Delete  
NAME **YEAGER, JEFFREY A.**  
STREET ADDRESS **1611 BRYAN PTE RD**  
CITY-ST-ZIP **ACCOKEEK MD**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **SD** ☐ Delete  
NAME **KAUFFMAN, ROBERT**  
STREET ADDRESS **7 HILLTOP DRIVE**  
CITY-ST-ZIP **FROSTBURG MD 21532**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ 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)(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:****SIGNATURE REQUIRED****Jeffrey A. Yeager 4/24/02 (703) 451-0141**

Date

Daytime Phone #

CR2E037 (9/01)