

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90059 018 ****61.25

DOCUMENT # N00000005256

1. Entity Name

U.S.C.G. LIGHTSHIP SAILORS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**333 SOUTH PATRICK DRIVE #30
 SATELLITE BEACH FL 32937**

**333 SOUTH PATRICK DRIVE #30
 SATELLITE BEACH FL 32937**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

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

**LEMOINE, NORMAN E
 333 SOUTH PATRICK DRIVE #30
 SATELLITE BEACH FL 32937**

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City DE 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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LEMOINE, NORMAN E	<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 333 SOUTH PATRICK DRIVE #30		STREET ADDRESS	
CITY-ST-ZIP SATELLITE BEACH FL 32937		CITY-ST-ZIP	
NAME MACLEOD, ROBERT F	<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 8288 FERRELL PLACE		STREET ADDRESS	
CITY-ST-ZIP HARRISBURG NC 28075		CITY-ST-ZIP	
NAME BENNETT, RICHARD A	<input type="checkbox"/> Delete	NAME BENNETT RICHARD A	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 25 KESWICK ROAD		STREET ADDRESS 25 KESWICK ROAD	
CITY-ST-ZIP BROCKTON MA 02222-1518		CITY-ST-ZIP BROCKTON, MA 02302-1518	
NAME	<input type="checkbox"/> Delete	NAME James Gill	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS 642 MARINA PKWY #63	
CITY-ST-ZIP		CITY-ST-ZIP CHULA VISTA, CA 91910	
NAME	<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
NAME	<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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. Bennett **RICHARD A. BENNETT**

4-12-01

508 5833953

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)