

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02300

1. Entity Name

NAVY SEABEE VETERANS OF AMERICA, INCORPORATED, D

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90204 037 ****61.25

Principal Place of Business
1431 S OCEAN BLVD
62
POMPANO BCH FL 33062
US

Mailing Address
1431 S OCEAN BLVD
62
POMPANO BCH FL 33062-7302
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

37-6049184

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

HOFFMAN, RICHARD E.
1431 S OCEAN BLVD
62
POMPANO BCH FL 33062

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 ☐ Delete
NAME D
STREET ADDRESS HOFFMAN, RICHARD
CITY-ST-ZIP 1431 S. OCEAN BLVD. #62
POMPANO BEACH FL 33062

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

TITLE ☐ Delete
NAME D
STREET ADDRESS LINDENMAYER, JAMES
CITY-ST-ZIP 1310 NE 15 LANE
CAPE CORAL FL 33064

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

TITLE ☐ Delete
NAME T
STREET ADDRESS YANARELLA, JOSEPH
CITY-ST-ZIP 7958 ADEN LOOP
NEW PORT RICHEY FL 34655

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

TITLE ☐ Delete
NAME D
STREET ADDRESS MAGIC, ROBERT
CITY-ST-ZIP 925 N. 32ND AVENUE
HOLLYWOOD FL 33021

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

TITLE ☐ Delete
NAME D
STREET ADDRESS CARDWELL, WILLIAM
CITY-ST-ZIP P.O. BOX 3409 N/A
RIVERVIEW FL 33568

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

TITLE ☐ Delete
NAME T
STREET ADDRESS GILBERT, JAMES
CITY-ST-ZIP 8592 MARS DR.
PENSACOLA FL 32507

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)(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 E. Hoffman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 28, 2000
Date

(954) 943-3314
Daytime Phone #

CR2E037 (9/99)