

# NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90372 004 \*\*\*\*61.25

|                                                                              |                                                                                   |
|------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT #</b> NO9460                                                     |  |
| 1. Entity Name<br>503RD PARACHUTE REGIMENTAL COMBAT<br>TEAM WORLD WAR II INC |                                                                                   |

DO NOT WRITE IN THIS SPACE

44042397

|                                                       |                              |
|-------------------------------------------------------|------------------------------|
| 2. Principal Place of Business<br>518 ONE CENTER BLVD | 3. Mailing Address<br>← SAME |
| Suite, Apt. #, etc.<br>APT 112                        | Suite, Apt. #, etc.          |

DO NOT WRITE IN THIS SPACE

|                                      |                     |                             |                               |
|--------------------------------------|---------------------|-----------------------------|-------------------------------|
| City & State<br>ALTAMONTE SPRINGS FL | City & State        | 4. FEI Number<br>59-2536380 | Applied For<br>Not Applicable |
| Zip<br>32701-2234                    | Country<br>Seminole | Zip                         | Country                       |

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| DO NOT WRITE<br>IN THIS SPACE |
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|                                                                                   |                                   |
|-----------------------------------------------------------------------------------|-----------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/>                         | \$8.75 Additional<br>Fee Required |
| 7. Name and Address of Current Registered Agent                                   |                                   |
| Name<br>Maurice S Linton                                                          |                                   |
| Street Address (P.O. Box Number is Not Acceptable)<br>518 ONE CENTER BLVD APT 112 |                                   |
| City<br>ALTAMONTE SPRINGS FL                                                      | Zip Code<br>32701-2234            |

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Maurice S Linton* DATE 04-27-04

|                                                                                     |                                |
|-------------------------------------------------------------------------------------|--------------------------------|
| 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be<br>Added to Fees |
|-------------------------------------------------------------------------------------|--------------------------------|

| 10. OFFICERS AND DIRECTORS                                                                                                                   |                                                                                                                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>PRESIDENT<br>NAME<br>JACK L. PITENGER<br>STREET ADDRESS<br>2117 VIA PUERTO #B<br>CITY- ST- ZIP<br>LAGUNA WOODS CA 92653             | TITLE<br>VICE PRESIDENT<br>NAME<br>ROBERT J FLYNN<br>STREET ADDRESS<br>1302 MARLBROOK LANE<br>CITY- ST- ZIP<br>LANSDALE PA 19446                         |
| TITLE<br>SEC/TREAS.<br>NAME<br>MAURICE S LINTON<br>STREET ADDRESS<br>518 ONE Center Blvd #112<br>CITY- ST- ZIP<br>ALTAMONTE SPRINGS FL 32701 | TITLE<br>RECORDING SEC/TREAS<br>NAME<br>MARGEE N. LINTON<br>STREET ADDRESS<br>518 ONE Center Blvd APT 112<br>CITY- ST- ZIP<br>ALTAMONTE SPRINGS FL 32701 |
| TITLE<br>DIRECTOR<br>NAME<br>KENNETH G LYLE<br>STREET ADDRESS<br>1944 Dctwiler Rd Box 72<br>CITY- ST- ZIP<br>CEDARS PA 19423                 | TITLE<br>DIRECTOR<br>NAME<br>RALPH E Llewellyn DDS<br>STREET ADDRESS<br>210 N HUNT ST<br>CITY- ST- ZIP<br>TERRE HAUTE IN 47823                           |

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 817, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Maurice S Linton* 04/27/04 407.263-3077

CRZE037B (12/02)