2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2003 8:00 am
Secretary of State
03-11-2003 90147 037 ****61.25

DOCUMENT # N09460

1. Entity Name
503RD PARACHUTE REGIMENTAL COMBAT TEAM ASSOCIATION, WORLD WAR II, INC.

Principal Place of Business	Mailing Address
1123 DAIMLER DRIVE APOPKA FL 32712 US	1123 DAIMLER DRIVE APOPKA FL 32712 US

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
518 ONE CENTER BLVD.	518 ONE CENTER BLVD
Suite, Apt. #, etc.: APT 108	Suite, Apt. #, etc.: APT 108
City & State: ALTAMONTE SPRINGS, FL	City & State: ALTAMONTE SPRINGS, FL
Zip: 32701 Country: US	Zip: 32701 Country: US

4. FEI Number 59-2536280 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LINTON, MAURICE S.
1123 DAIMLER DRIVE
APOPKA FL 32712

7. Name and Address of New Registered Agent

Name: LINTON MAURICE S
Street Address (P.O. Box Number is Not Acceptable): 518 ONE CENTER BLVD APT 108
City: ALTAMONTE SPRINGS FL Zip Code: 32701

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 03-05-03
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 Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCD O'NEILL, FRANCIS X 98 HENRYS RD BREWSTER MA 02631	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD MANZ, WILLIAM A 1785 BARNES MILL RD RICHMOND KY 40475	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PITTENGER, JOHN 2117- B VIA PUERTA LAGUNA HILLS CA 92653	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD LINTON, MAURICE S 1123 DAIMLER DR APOPKA FL 32712	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 518 ONE CENTER BLVD APT 108 ALTAMONTE SPRINGS FL 32701
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LINTON, MAURICE S 1123 DAIMLER DR APOPKA FL 32712	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 518 ONE CENTER BLVD Apt 108 ALTAMONTE SPRINGS FL 32701
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BD PITTENGER, JOHN 2117-B VIA PUERTA LAGUNA HILLS CA 92653	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Maurice S Linton 03-05-03 407-263-3077

CR2E037 (10/02)