

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

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90655 005 ****61.25

DOCUMENT # N15696

1. Entity Name

**THE SOUTHERNMOST CHAPTER OF THE UNITED STATES CO
AST GUARD CHIEF PETTY OFFICERS ASSOCIATION, INC.**



Principal Place of Business

**SOUTHERN MOST CPOA
USCG GROUP KEY WEST
KEY WEST FL 33040**

Mailing Address

**SOUTHERN MOST CPOA
USCG GROUP KEY WEST
KEY WEST FL 33040**

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 **52-1268687**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BAUSKA, BRADLEY R
USCG GROUP KEY WEST
KEY WEST FL 33040**

7. Name and Address of New Registered Agent

Name

TINA STARLING

Street Address (P.O. Box Number is Not Acceptable)

USCG GROUP KEY WEST

City

KEY WEST

FL

Zip Code

33040

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

Tina M. Starling

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

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	VAN ESSEN, JOHN	
STREET ADDRESS	USCG GROUP KEY WEST	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	REID, RANDOLPH G	
STREET ADDRESS	USCG GROUP KEY WEST	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	BAILEY, JOSEPH	
STREET ADDRESS	USCG GROUP KEY W	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	TAYLOR, JOSEPH	
STREET ADDRESS	USCG GROUP KEY WEST	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LARRY TAYLOR	
STREET ADDRESS	USCG GROUP KEY WEST	
CITY-ST-ZIP	KEY WEST, FL 33040	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EDWIN ORTIZ	
STREET ADDRESS	USCG GROUP KEY WEST	
CITY-ST-ZIP	KEY WEST, FL 33040	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TINA STARLING	
STREET ADDRESS	USCG GROUP KEY WEST	
CITY-ST-ZIP	KEY WEST, FL 33040	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BLAKE MABE	
STREET ADDRESS	USCG GROUP KEY WEST	
CITY-ST-ZIP	KEY WEST, FL 33040	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Tina M. Starling

CR2E037 (10/02)