

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N19026

1. Entity Name

THE 493RD BOMBARDMENT GROUP (H) MEMORIAL ASSOCIATION, INC.

Principal Place of Business

13913 CR 136W
LIVE OAK FL 32060

Mailing Address

PO BOX 190
LIVE OAK FL 32064

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

NOT APPLICABLE

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

PROTSMAN, NORMAN
13913 CR 136W
LIVE OAK FL 32060

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 VP
NAME WEIR, GORDON W
STREET ADDRESS 7242 OAKMONT RD
CITY-ST-ZIP SANTA ROSA CA 95409 ☐ Delete

TITLE PE
NAME WEIR, GORDON W
STREET ADDRESS 7242 OAKMONT DR
CITY-ST-ZIP SANTA ROSA CA 95409 ☒ Change ☐ Addition

TITLE PD
NAME RAWSON, WILLIAM C
STREET ADDRESS 5048 DELACROIX RD
CITY-ST-ZIP RANCHO PALOS VERDES CA 90274 ☒ Delete

TITLE P
NAME FELLER, JOHN W.
STREET ADDRESS 12 RIDGEVIEW RD
CITY-ST-ZIP MULLINS, WV 25882-6220 ☒ Change ☐ Addition

TITLE PD
NAME FELLER, JOHN W
STREET ADDRESS 12 RIDGEVIEW RD
CITY-ST-ZIP MULLINS WV 25882-6220 ☐ Delete

TITLE RVP
NAME GILBERT, R. ERLEWIN
STREET ADDRESS 9315 VIA VISTA PR
CITY-ST-ZIP BUENA PARK CA 90620-4132 ☒ Change ☒ Addition

TITLE ST
NAME SINGER, ROBERT
STREET ADDRESS P.O. BOX 493
CITY-ST-ZIP BRIDGTON ME 04009 ☐ Delete

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

TITLE D
NAME KING, CAROL L
STREET ADDRESS 90 RADCLIFF ST
CITY-ST-ZIP CHARLESTON SC 29403 ☐ Delete

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

TITLE D
NAME RUGGIERO, ARTHUR J
STREET ADDRESS 34 SUMMIT DR
CITY-ST-ZIP NORTH BRANFORD CT 06471 ☒ Delete

TITLE DH
NAME HUSAK, VICTOR
STREET ADDRESS 3040 GRANADA COURT #16
CITY-ST-ZIP CAMERON PARK CA. 95682 ☒ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB 15, 2002 386 362 6093

Date Daytime Phone #

CR2E037 (9/01)