

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

**FILED**  
**Apr 10, 2002 8:00 am**  
**Secretary of State**

04-10-2002 90449 033 \*\*\*\*70.00

DOCUMENT # *N26570*

1. Entity Name

*127TH INFANTRY REGIMENTAL ASSOC. INC*

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*PO Box 56809*

3. Mailing Address

*PO Box 56809*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*ORLANDO FLA*

City & State

*ORLANDO FLA*

Zip

*32856-8609*

Country

*USA*

Zip

*32856-5609*

Country

*USA*

4. FEI Number

*592894399*

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

*WILLIAM V REID*

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

*1102 CATALPA LN*

City

*ORLANDO*

**FL**

Zip Code

*32806*

**DO NOT WRITE  
IN THIS SPACE**

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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*3/31/02*

DATE

**FEE IS \$61.25  
Initial or Amended UBR**

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

TITLE	<i>PRESIDENT</i>
NAME	<i>WILLIAM V REID</i>
STREET ADDRESS	<i>1102 CATALPA LN ORL FL 32806</i>
CITY-ST-ZIP	
TITLE	<i>VP</i>
NAME	<i>BOB HOWE</i>
STREET ADDRESS	<i>82 MARINE ST ST AUGUSTINE FL 32084</i>
CITY-ST-ZIP	
TITLE	<i>D</i>
NAME	<i>RUSSELL GRUBBS</i>
STREET ADDRESS	<i>1605 TALBOT AVE JACKSONVILLE FL</i>
CITY-ST-ZIP	
TITLE	<i>D</i>
NAME	<i>RAYMOND RUBY</i>
STREET ADDRESS	<i>9806 SUNSET DR JACKSONVILLE FL</i>
CITY-ST-ZIP	
TITLE	<i>D</i>
NAME	<i>LUIS DELBORD</i>
STREET ADDRESS	<i>PO BOX 880 MELNANDO FL</i>
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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IN THIS SPACE**

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 on an attachment with an address, with all other like information.

SIGNATURE:

*[Signature]* *WILLIAM V REID*

*3/31/02*

*407 896 0727*

CR2E037B (12/01)