

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N31630

1. Entity Name

USS TRENTON (CL-11) REUNION, INCORPORATED

Principal Place of Business

% WILLIAM H. GRANT, III  
859 PARK AVENUE, SUITE 104  
ORANGE PARK FL 32073

Mailing Address

% WILLIAM H. GRANT, III  
859 PARK AVENUE, SUITE 104  
ORANGE PARK FL 32073

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

59-2943388

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GRANT (WILLIAM H.), III  
859 PARK AVENUE  
SUITE 104  
ORANGE PARK FL 32073

7. Name and Address of New Registered Agent

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

TITLE D  
NAME BALFOUR, JAY  
STREET ADDRESS P. O. BOX 87038  
CITY-ST-ZIP VANCOUVER WA 98687 ☐ Delete

TITLE P  
NAME MORTON, F.L.  
STREET ADDRESS 1416 FOURTH STREET  
CITY-ST-ZIP WEST OKOBOJI IA ☐ Delete

TITLE S  
NAME BALFOUR, GYNETH SUE  
STREET ADDRESS P.O. BOX 87038  
CITY-ST-ZIP VANCOUVER WA 98687 ☐ Delete

TITLE DT  
NAME SPENCER, FRANK O.  
STREET ADDRESS 3403 LEES AVE  
CITY-ST-ZIP LONG BCH CA ☐ Delete

TITLE D  
NAME JONES, HAROLD D  
STREET ADDRESS BOX 535  
CITY-ST-ZIP LA CENTER KY 42056 ☒ Delete

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE D  
NAME AWALT, EDGAR L  
STREET ADDRESS 155 HILAN PLACE  
CITY-ST-ZIP COLLINSVILLE IN 42234-1463 ☒ Addition

TITLE ☐ Change ☐ 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 entity; that 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 checked. I attach with an address, with all other like empowered.

PLEASE  
SIGN--▶

SIGNATURE: GYNETH SUE BALFOUR *Gyneth S. Balfour* Secretary 3-24-2001 (360)254-4439  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED  
Apr 28, 2001 8:00 am  
Secretary of State

04-28-2001 90031 023 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

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