

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N40121

1. Entity Name

**MARINE CORPS AVIATION RECONNAISSANCE ASSOCIATION  
INCORPORATED**

Principal Place of Business

Mailing Address

**4687 ASPEN LANE  
TAYLORSVILLE UT 84123  
US**

**4687 ASPEN LANE  
TAYLORSVILLE UT 84123  
US**

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

**81-1212888**

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

**FRITSCHI, GEORGE W.  
243 DANIELS ROAD  
WINTER GARDEN FL 34787**

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 ☐ Delete  
NAME **VD MELCHER, PAUL**  
STREET ADDRESS **136 LAND O LAKES CIRCLE**  
CITY-ST-ZIP **LEXINGTON SC 29073**

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

TITLE ☐ Delete  
NAME **STD GORDON, WILLIAM H.**  
STREET ADDRESS **4687 ASPEN LANE**  
CITY-ST-ZIP **TAYLORSVILLE UT 84123**

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

TITLE ☐ Delete  
NAME **PDC DOYLE, JIM**  
STREET ADDRESS **1845 EDEN WAY**  
CITY-ST-ZIP **VIRGINIA BCH VA 23454**

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

TITLE ☐ Delete  
NAME **D CONROY, MICKEY R.**  
STREET ADDRESS **2520 N. LINWOOD AVE.**  
CITY-ST-ZIP **SANTA ANA CA**

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

TITLE ☐ Delete  
NAME **D DEATON, JACK**  
STREET ADDRESS **210 FOREST HILL**  
CITY-ST-ZIP **HAVELOCK NC 28532**

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

TITLE ☐ Delete  
NAME **D BLOOMER, WILLIAM A**  
STREET ADDRESS **9203 CROSS OAKS CT.**  
CITY-ST-ZIP **FAIRFAX STATION VA**

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)(l), 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:

**WILLIAM H. GORDON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/26/02**

Date

**801 241-4011**

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)