

2000. UNIFORM BUSINESS REPORT (UBR)

3/

DOCUMENT # N40582

1. Entity Name

1876TH ENGINEER AVIATION BATALLION REUNION ASSOC

FILED
Jul 20, 2000 8:00 am
Secretary of State

03-04-2000 90056 030 ****70.00

Principal Place of Business

Mailing Address

167 FLAMINGO RD
EDGEWATER FL 32141-7206
US

167 FLAMINGO RD
EDGEWATER FL 32141-7206
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

65-0228770

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

D'AIELLO, FRANK J

167 FLAMINGO RD
EDGEWATER FL 32141

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

PD
NAME CLETIS, KILLIAN
STREET ADDRESS RT 1 BOX 50
CITY-ST-ZIP SAYERS OK 73662

TITLE ☐ Delete

VD
NAME GEE, RICHARD
STREET ADDRESS 12603 GABBETT DR
CITY-ST-ZIP LA MIRADA CA 90638

TITLE ☒ Delete

TD
NAME SEISER, ORVILLE H
STREET ADDRESS 702 S. MERIDIAN DRIVE, SPACE 328
CITY-ST-ZIP APACHE JUNCTION AZ 85220

TITLE ☐ Delete

SD
NAME MOSIER, NONIE
STREET ADDRESS RT. #3, BOX 365
CITY-ST-ZIP GEORGETOWN IN 47122

TITLE ☐ Delete

D
NAME MINER, JOHN E
STREET ADDRESS 3804 WYNDSONG TRAIL
CITY-ST-ZIP LEXINGTON KY 40514

TITLE ☐ Delete

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

MRS. EDNA QUISENBERRY
5804 Lakeside Trail
AUSTIN TX 78732

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

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)