

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N47224

1. Entity Name

U.S.S. INDEPENDENCE CVL22 REUNION GROUP, INC.

**FILED**  
**Feb 26, 2000 8:00 am**  
**Secretary of State**

02-26-2000 90018 050 \*\*\*\*61.25

Principal Place of Business

107 ROYAL PARK DR. APT 2F  
OAKLAND PARK FL 33309  
US

Mailing Address

107 ROYAL PARK DR  
APT 2F  
OAKLAND PARK FL 33309-5837  
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

65-0190925

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

KRAPF, JOSEPH J.  
107 ROYAL PARK DR  
APT 2F  
OAKLAND PARK FL 33309

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  
STREET ADDRESS  
CITY-ST-ZIP  
TP  
DENTON, NELSON R.  
135 CHANCELLOR DR  
CHAMBERSBURG PA

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
BACKLUND, HERMAN  
1150 US 27 SOUTH  
SEBRING FL 33870

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TS  
SEACE, EDWIN R.  
2809 FIDDLERS GREEN ROAD  
LANCASTER PA

TITLE ☐ Change ☐ Addition

TITLE ☒ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TT  
KRAPF, JOSEPH J.  
107 ROYAL PARK DR. #2F  
OAKLAND PARK FL

TITLE ☒ Change ☐ Addition

TITLE ☒ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
HERMAN, BELL  
1645 SANDALWOOD  
CORPUS CHRISTI TX 78412

TITLE ☐ Change ☒ Addition

TITLE ☐ Delete

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:

*NELSON R. DENTON*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)