

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2001 8:00 am**  
**Secretary of State**

01-27-2001 90072 044 \*\*\*\*61.25

**DOCUMENT # N47224**

1. Entity Name

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

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  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0190925**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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

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

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

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

TITLE ☐ Delete  
 NAME **TT**  
 STREET ADDRESS **BELL, HERMAN**  
 CITY-ST-ZIP **1645 SANDALWOOD  
 CORPUS CHRISTI TX 78412**

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

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **D'ALUTO, ANTHONY**  
 CITY-ST-ZIP **24 GREEN 112R DR  
 THORNDAL PA 19372-1152**

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

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 PRES**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)