

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N50085

1. Entity Name

NAVY SEABEE VETERANS OF AMERICA ISLAND X-9 INC.

**FILED**  
**Jun 20, 2000 8:00 am**  
**Secretary of State**

06-20-2000 90002 025 \*\*\*\*61.25

Principal Place of Business

2304 S. DOLPHIN AVE.  
MIDDLEBURG FL 32068

Mailing Address

2304 S. DOLPHIN AVE.  
MIDDLEBURG FL 32068-5320

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 **36-3382042**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CLEMMONS, RAYMOND L  
439 JACKSON RD  
JACKSONVILLE FL 32225-0742

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 **D**  
STREET ADDRESS **AGLES, HAROLD R.**  
CITY-ST-ZIP **2304 S. DOLPHIN AVE.**  
**MIDDLEBURG FL**

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

TITLE ☐ Delete  
NAME **DC**  
STREET ADDRESS **POWERS, CHARLES**  
CITY-ST-ZIP **5749 COLIMA PL**  
**JACKSONVILLE FL**

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

TITLE ☐ Delete  
NAME **VC**  
STREET ADDRESS **D'ANGELO, EDWARD**  
CITY-ST-ZIP **14083 FALCON CREST DR**  
**JACKSONVILLE FL 32224**

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

TITLE ☐ Delete  
NAME **DT**  
STREET ADDRESS **SKRABUT, ANDREW**  
CITY-ST-ZIP **2137 FOURAKELL PL**  
**JACKSONVILLE FL**

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

TITLE ☐ Delete  
NAME **DS**  
STREET ADDRESS **CLEMMONE, RAYMOND**  
CITY-ST-ZIP **439 JACKSON RD.**  
**JACKSONVILLE FL 32225**

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:

*[Signature]* **SIGNATURE REQUIRED** *Secretary X-9 June 17, 2000 904-641-8308*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E037 (9/99)