

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N50085**FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name

NAVY SEABEE VETERANS OF AMERICA ISLAND X-9 INC.

OCT -1 PM 1:11

Principal Place of Business

2304 S. DOLPHIN AVE.
MIDDLEBURG FL 32068

Mailing Address

2304 S. DOLPHIN AVE.
MIDDLEBURG FL 32068

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

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

7. Name and Address of New Registered Agent

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
After September 12, 2001, min. will be \$236.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
AGLES, HAROLD R.
2304 S. DOLPHIN AVE.
MIDDLEBURG FL ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
T
POWERS, CHARLES
5749 COLIMA PL
JACKSONVILLE FL ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
T
D'ANGELO, EDWARD
14083 FALCON CREST DR
JACKSONVILLE FL 32224 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
T
SKRABUT, ANDREW
2137 FOURAKELL PL
JACKSONVILLE FL ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
T
CLEMMONE, RAYMOND
439 JACKSON RD.
JACKSONVILLE FL 32225 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/01)

SP

Sept. 8, 2001 904-641-9388