## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # N9400003273 Mar 29, 2000 8:00 am **Secretary of State** INTERNATIONAL CHIEF PETTY OFFICERS' ASSOCIATION 03-29-2000 90047 005 \*\*\*\*61.25 Principal Place of Business Mailing Address POST OFFICE BOX 12328 1270 BURNHAM AVE LAS VEGAS NV 89112-0328 APT. #1001 LAS VEGAS NV 89104-5441 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt, #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 31-1373182 Not Applicable Country Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) CLARENCE E JOHNSON 8225 WAKEFORD RD LAKE WALES FL 33853 Zip Code City 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) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 10. ☐ Addition **気**Change ☐ Delete TITLE VΒ TITLE NAME JOHN MASSICOTTE JOHN MASSICOTTE NAME STREET ADDRESS STREET ADDRESS 1933 MAGIC CANYON DR 1933 MAGIC CANYON DR CITY-ST-ZIP CITY-ST-ZIP HENDERSON NV <u> HENDERSON, NV 89015-8541</u> Change Addition TITLE ☐ Delete AHERN, PATRICIK H NAME STREET ADDRESS STREET ADDRESS 1270 BURNHAM AVE., APT #1001 CITY-ST-ZIP CITY-ST-ZIP AS VEGAS NV ☐ Change **⊠ ⊠**Addition **X** Delete NAME ŝawley, elbert jr CLARENCE E. JOHNSON STREET ADDRESS STREET ADDRESS 6023 JAGUAR DR. WEST 8225 WAKEFORD RD CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32244 AKE WALES, EL 33853 ☐ Change ☑ ☑ Addition **X K**Delete TITLE TITLE NAME Brotherton, Charles H EDWARD T. WOOLWEAVER NAME STREET ADDRESS STREET ADDRESS 3741 TARO PLACE 3210 JOLSON DR CITY-ST-ZIP CITY-ST-ZIP Sarasota FL 34232 <u>SARASOTA, FL 34237-5432</u> ☐ Change ☐ Addition ☐ Delete TITLE EVANS, A. E. "RICK" NAME NAME STREET ADDRESS STREET ADDRESS 1015 PELICAN LANE CITY-ST-ZIP CITY-ST-ZIP ROCKLEDGE FL 32955 ☐ Change ☐ Addition TITLE SD ☐ Delete TITLE KINSELLA, RONALD NAME STREET ADDRESS STREET ADDRESS 5900 NW 58TH TERRACE CITY-ST-ZIP CITY-ST-ZIP PARKLAND FL 33067

12. Thereby certify that the information supplied with this filling 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 supplied ental 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 of 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 above like empowered.

Patrick Philametric, Chapter Director 3/22/2000 (702) 471–7430)

SIGNATURE: