

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90065 019 *****61.25

DOCUMENT # N95000002116

1. Entity Name

THE FLORIDA CHAPTER OF THE SECOND MARINE DIVISION ASSOCIATION, INC.



Principal Place of Business

**6363 93RD TERRACE NORTH, #4501
PINELLAS PARK FL 33782
US**

Mailing Address

**6363 93RD TERRACE NORTH, #4501
PINELLAS PARK FL 33782
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 **NOT APPLICABLE**

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

**SCHULTZ, ROBERT H
6363 93RD TERRACE NORTH, #4501
PINELLAS PARK FL 33782**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **SCHULTZ, ROBERT H**
STREET ADDRESS **6363 93RD TERRACE NORTH, #4501**
CITY-ST-ZIP **PINELLAS PARK FL 34666**

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

TITLE **P** ☒ Delete
NAME **KRUEGER, ROBERT F**
STREET ADDRESS **4750 COVE CIRCLE, 3904**
CITY-ST-ZIP **MADEIRA BEACH FL 33708**

TITLE ☐ Change ☒ Addition
NAME **President**
STREET ADDRESS **Ray McWilliams**
CITY-ST-ZIP **122 Temple Dr.
Longwood, FL 32750**

TITLE **VP** ☐ Delete
NAME **BOYD, PAUL**
STREET ADDRESS **1671 SPRING OAKS LANE**
CITY-ST-ZIP **JACKSONVILLE FL 32221**

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

TITLE **T** ☒ Delete
NAME **ANDERSON, NEVILLE**
STREET ADDRESS **515 N CHERRY POP DR**
CITY-ST-ZIP **INVERNESS FL 34453**

TITLE ☐ Change ☒ Addition
NAME **Earl Croft, Trustee**
STREET ADDRESS **3403 Mazur Drive**
CITY-ST-ZIP **Melbourne, FL 32901-8240**

TITLE **T** ☐ Delete
NAME **MAGER, BILL**
STREET ADDRESS **3616 WATERMELON LANE**
CITY-ST-ZIP **NEW SMYRNA BEACH FL 32168**

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:

Robert H. Schultz

4-2-03

727-546-8341

CR2E037 (10/02)