2001 UNIFORM BUSINESS REPORT (UBR)

Feb 01, 2001 8:00 am DOCUMENT # N95000004278 **Secretary of State** NAVY SEABEE VETERANS OF AMERICA-ISLAND X-3 SARAS 02-01-2001 90153 048 ****61.25 Principal Place of Business Mailing Address 4480 IRONWOOD CIR 4480 IRONWOOD CIR C/O JOSEPH DI SAPIO 206 **BRADENTON FL 34209 BRADENTON FL 34209** US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 37-6049784 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) UNNEVER, JOHN R **5448 DOWNHAM MEDOWS** SARASOTA FL 34235 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 Fiorida. **FILE NOW:** 9. Election Campaign Financia Make Check Payable to \$5.00 May Be Trust Fund Contribution: FEE IS \$61.25 Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Delete TITLE TITLE ☐ Change Addition DISAPIO, JOSEPH A NAME STREET ADDRESS STREET ADDRESS 4480 IRONWOOD CIR 206 A CITY-ST-ZIP **BRADENTON FL 34209** CITY-ST-ZIP 2VC TITLE ☐ Delete TITLE □ Change Addition FERRON, LEO NAME STREET ADDRESS STREET ADDRESS 1021 ESTREMADURA DR CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34209** D₁VC TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME BENNETT, JOHN NAME STREET ADDRESS P O BOX 5883 STREET ADDRESS N/A CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34281** TITLE ☐ Detete TITLE ☐ Change Addition RUNNEVER, JOHN JR NAME NAME STREET ADDRESS **5448 DOWNHAM MEADOW** STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP SARASOTA FL 34235 TITLE Delete TITLE Change Addition DI SAPIO, JOSEPH NAME NAME STREET ADDRESS 4480 IRONWOOD CIR 206 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34209** TITLE ☐ Delete TITLE ☐ Change Addition NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 life

SIGNATURE