

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

FILED
May 21, 2003 8:00 am
Secretary of State

04-28-2003 91473 007 ***61.25

DOCUMENT # N95000004278

1. Entity Name
**NAVY SEABEE VETERANS OF AMERICA-ISLAND X-3 SARAS
OTA, FL. INC.**



Principal Place of Business

**4480 IRONWOOD CIR
206
BRADENTON FL 34209
US**

Mailing Address

**4480 IRONWOOD CIR
C/O JOSEPH DI SAPIO 206
BRADENTON FL 34209
US**

55042421

2. Principal Place of Business

11810 COLYAR LANE

3. Mailing Address

11810 COLYAR LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PARRISH, FLA.

City & State

PARRISH, FLA.

4. FEI Number **37-6049784**

Applied For

Not Applicable

Zip

Country

34219 MANATEE

Zip

Country

34219 MANATEE

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

6. Name and Address of Current Registered Agent

**UNNEVER, JOHN R
5448 DOWNHAM MEADOWS
SARASOTA FL 34235**

7. Name and Address of New Registered Agent

Name

ARTHUR J. WIGGIN

Street Address (P.O. Box Number is Not Acceptable)

11810 COLYAR LANE

City

PARRISH

FL

Zip Code

34219

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 **Arthur J. Wiggin**

Signature, typed or printed name of registered agent and (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

4/24/03

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

TITLE **DC** ☐ Delete
NAME **GILL, CHARLES**
STREET ADDRESS **18541 CIRCLE # 8**
CITY-ST-ZIP **MOUNT BLANCHARD OH 45867**

TITLE **2VC** ☒ Delete
NAME **FERRON, LEO**
STREET ADDRESS **1021 ESTREMADURA DR**
CITY-ST-ZIP **BRADENTON FL 34209**

TITLE **D1VC** ☐ Delete
NAME **BENNETT, JOHN**
STREET ADDRESS **P O BOX 5883 N/A**
CITY-ST-ZIP **BRADENTON FL 34281**

TITLE **T** ☒ Delete
NAME **UNNEVER, JOHN JR.**
STREET ADDRESS **5448 DOWNHAM MEADOW**
CITY-ST-ZIP **SARASOTA FL 34235**

TITLE **S** ☒ Delete
NAME **DI SAPIO, JOSEPH**
STREET ADDRESS **4480 IRONWOOD CIR 206**
CITY-ST-ZIP **BRADENTON FL 34209**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **CHARLES GILL** ☐ Change ☐ Addition
NAME **18541 CR. #8**
STREET ADDRESS **MOUNT BLANCHARD, 45867**
CITY-ST-ZIP

TITLE **2VC** ☒ Change ☐ Addition
NAME **MR. JOHN LENNON**
STREET ADDRESS **603 63RD. AVE W. # 8 N.**
CITY-ST-ZIP **BRADENTON, FL 34207**

TITLE **Sarah Bennett** ☐ Change ☐ Addition
NAME **PO BOX 816 51ST AVE W**
STREET ADDRESS **BRADENTON, FL 34210**
CITY-ST-ZIP

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

TITLE **ARTHUR J. WIGGIN** ☐ Change ☒ Addition
NAME **11810 COLYAR LANE**
STREET ADDRESS **PARRISH FLA. 34219**
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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/03

Date

41-776-8807

Daytime Phone #

CR2E037 (10/02)