

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000006013

1. Entity Name

COMBINED FORCES U.S. NAVY ASIATIC FLEET 1910-194

Principal Place of Business

4114 NARVAREZ WAY SOUTH  
ST. PETERSBURG FL 33712

Mailing Address

4114 NARVAREZ WAY SOUTH  
ST. PETERSBURG FL 33712-4037

**FILED**  
**May 26, 2000 8:00 am**  
**Secretary of State**

05-26-2000 90113 005 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3358068

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ALAN S. CHRISTNER, JR. P.A.  
401 SECOND ST., EAST  
SUITE 231  
INDIAN ROCKS BEACH FL 34635

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**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete

NAME SLAUGHTER, JOHN  
STREET ADDRESS 3801 CANTERBURY RD., UNIT 812  
CITY-ST-ZIP BALTIMORE MD 23218

TITLE SD ☐ Delete

NAME ASHE, WALTER  
STREET ADDRESS 40 SHOREWOOD DR.  
CITY-ST-ZIP ASHEVILLE NC 28804

TITLE TD ☐ Delete

NAME ANKERBERG, CHARLES W  
STREET ADDRESS 4114 NARVAREZ WAY SOUTH  
CITY-ST-ZIP ST. PETERSBURG FL 33712

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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: *Alan S. Christner, Jr. P.A.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)