

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Jan 13, 2000 08:00 AM**  
**Secretary of State**

**DOCUMENT # N97000000352**

1. Entity Name  
 THE SAC AIRBORNE COMMAND CONTROL ASSOCIATION, INC.

Principal Place of Business 358 SHARON DRIVE NICEVILLE FL 32578	Mailing Address 358 SHARON DRIVE NICEVILLE FL 32578
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2. Principal Place of Business 358 SHARON DRIVE	3. Mailing Address 358 SHARON DRIVE
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State NICEVILLE FL	City & State NICEVILLE FL
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Zip 325781708	Country US	Zip 325781708	Country US
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4. FEI Number <b>59-3432192</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

GATEWOOD JACK E  
 358 SHARON DRIVE  
 NICEVILLE FL 32578

**7. Name and Address of New Registered Agent**

Name  
GATEWOOD JACK E  
 Street Address (P.O. Box Number is Not Acceptable)  
 358 SHARON DRIVE  
 City  
NICEVILLE FL Zip Code  
325781708

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 \_\_\_\_\_ DATE **01/13/2000**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KEMP FREDERICK W 19 LUTZ DRIVE BUNKER HILL IN 46914 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SMELTZER GEORGE G 13260 SUNFIELD DR. MORENO VALLEY CA 92553 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCCLAIN DONALD E 3441 WESTINSTER DR. PLANO TX 75074 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SPENCE JAMES B 1444 FERNDAL DR. AUBURN AL 36832 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition SD LEAZER STEVEN D 6141 BAGLEY AVENUE TWENTY NINE PALMS CA 92277 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

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