

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2001 8:00 am
Secretary of State

05-05-2001 90621 001 ***395.00

0091637

DOCUMENT # N97000004516

1. Entity Name

THE AUTHORIZED NATIONAL BODY OF THE UNITED STATE

Principal Place of Business

Mailing Address

**550 NW LEJEUNE RD.
 MIAMI FL 33126**

**550 NW LEJEUNE RD.
 MIAMI FL 33126**

40842



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

APPLIED FOR

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

**HUFSEY, JEFFREY R
 550 NW LEJEUNE RD.
 MIAMI FL 33126**

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	D	<input type="checkbox"/> Delete
NAME	HUFSEY, J.R.	
STREET ADDRESS	550 NW LEJEUNE RD.	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	D	<input type="checkbox"/> Delete
NAME	MUSTALESKI, T M	
STREET ADDRESS	P.O. BOX 2009	
CITY-ST-ZIP	OAK RIDGE TN 37831	
TITLE	D	<input type="checkbox"/> Delete
NAME	DIAZ, DAVID	
STREET ADDRESS	14376 TORREY PINE DRIVE	
CITY-ST-ZIP	AUBURN CA 95602	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEVERT, E.D. SR.	
STREET ADDRESS	P.O. BOX 650003, MAIL STOP L10-03	
CITY-ST-ZIP	DALLAS TX 75265-0003	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BOVIE, D.F.	
STREET ADDRESS	505 ETON LN.	
CITY-ST-ZIP	YORK PA 17402	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRANTHAM, J A	
STREET ADDRESS	2200 E. 104TH AVENUE., STE 203	
CITY-ST-ZIP	DENVER CO 80233-4403	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

CR2E037 (10/00)