

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004516

1. Entity Name

THE AUTHORIZED NATIONAL BODY OF THE UNITED STATE

Principal Place of Business

550 NW LEJEUNE RD.
MIAMI FL 33126

Mailing Address

550 NW LEJEUNE RD.
MIAMI FL 33126

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

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 ☐ Delete
NAME HUFSEY, J.R.
STREET ADDRESS 550 NW LEJEUNE RD.
CITY-ST-ZIP MIAMI FL 33126

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

TITLE D ☐ Delete
NAME MUSTALESKI, T M
STREET ADDRESS P.O. BOX 2009
CITY-ST-ZIP OAK RIDGE TN 37831

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

TITLE D ☐ Delete
NAME DIAZ, DAVID
STREET ADDRESS 14376 TORREY PINE DRIVE
CITY-ST-ZIP AUBURN CA 95602

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

TITLE D ☐ Delete
NAME LEVERT, E.D. SR.
STREET ADDRESS P.O. BOX 650003, MAIL STOP L10-03
CITY-ST-ZIP DALLAS TX 75265-0003

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

TITLE D ☒ Delete
NAME BOVIE, D.F.
STREET ADDRESS 505 ETON LN.
CITY-ST-ZIP YORK PA 17402

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

TITLE D ☐ Delete
NAME GRANTHAM, J A
STREET ADDRESS 2200 E. 104TH AVENUE., STE 203
CITY-ST-ZIP DENVER CO 80233-4403

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

Date

Daytime Phone #

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

05-05-2001 90621 001 ***395.00

40842



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)