

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 12, 2001 8:00 am**  
**Secretary of State**

09-12-2001 90017 041 \*\*\*61.25

**DOCUMENT # N97000004900**

1. Entity Name

**THE BENEFACTORS ACCORD, INC.**

*(Handwritten: UA)*

Principal Place of Business

**171 HOOD AVE #26  
 TAVERNIER FL 33070  
 US**

Mailing Address

**P.O. BOX 508  
 TAVERNIER FL 33070**



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

**65-0778319**

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

**WATKINS, CLINTON E  
 171 HOOD AVE #26  
 TAVERNIER FL 33070**

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  
 After September 12, 2001, min. will be \$236.25**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>WATKINS, CLINTON E</b> <b>P.O. BOX 508 (NA)</b> <b>TAVERNIER FL 33070</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>TIMMERMAN, THOMAS</b> <b>146 PACIFIC AVENUE</b> <b>TAVERNIER FL 33070</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>DAVISSON, DIANA K</b> <b>P O BOX 798 N/A</b> <b>TAVERNIER FL 33070</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WATKINS, ARTHUR J</b> <b>11833 ALAFAYA WOODS CT</b> <b>ORLANDO FL 32826</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WILLIAM DIEHL</b> <b>4001 SANTA BARBARA BLVD</b> <b>NAPLES FL 34104</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MARTIN MANNING</b> <b>73510 OVERSEAS HIGHWAY</b> <b>ISLAMORADA, FL 33036</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MICHAEL GLOBUS</b> <b>12 PARK AVE.</b> <b>ISLAMORADA, FL 33036</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MARTIN MANNING</b> <b>73510 OVERSEAS HIGHWAY</b> <b>ISLAMORADA, FL 33036</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JAMES A. WHILLOCK III</b> <b>5910 TOP VIEW CT.</b> <b>COLORADO SPRINGS, CO 80918</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DICK HERRICK</b> <b>97450 OVERSEAS HIGHWAY</b> <b>KEY LARGO, FL 33037</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DON WEIDENWEBER</b> <b>16810 S.W. PARRETT MT. RD.</b> <b>SHERWOOD, OR 97140</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MARTIN MANNING</b> <b>73510 OVERSEAS HIGHWAY</b> <b>ISLAMORADA, FL 33036</b>	<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.

SIGNATURE: *(Handwritten: Clinton E. Watkins)* **CLINTON E. WATKINS 9-5-01 (905) 853-0489**

CR2E037 (5/01)