

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 27, 2002 8:00 am  
Secretary of State

03-27-2002 90025 042 \*\*\*\*61.25

DOCUMENT # N97000004900

1. Entity Name

THE BENEFACTORS ACCORD, INC.

Principal Place of Business

Mailing Address

171 HOOD AVE #28 84771 OVERSEAS  
TAVERNIER FL 33070 HIGHWAY  
US ISLAMORADA,  
FL 33036

P.O. BOX 508  
TAVERNIER FL 33070

2. Principal Place of Business

3. Mailing Address

84771 OVERSEAS HIGHWAY  
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

ISLAMORADA, FL

4. FEI Number

65-0778319

Applied For

Not Applicable

Zip

Country

Zip

Country

33036

MONROE

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 #28 84771 OVERSEAS HIGHWAY  
TAVERNIER FL 33070 ISLAMORADA, FL 33036

Name

Street Address (P.O. Box Number is Not Acceptable)

84771 OVERSEAS HIGHWAY

ISLAMORADA

City

FL

Zip Code

33036

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 *Clinton E. Watkins* CLINTON E. WATKINS

3-15-02

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	SD	<input type="checkbox"/> Delete
NAME	WATKINS, CLINTON E	
STREET ADDRESS	P.O. BOX 508 (NA)	
CITY-ST-ZIP	TAVERNIER FL 33070	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	TIMMERMAN, THOMAS	
STREET ADDRESS	146 PACIFIC AVENUE	
CITY-ST-ZIP	TAVERNIER FL 33070	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DAVISSON, DIANA K	
STREET ADDRESS	P O BOX 798 N/A	
CITY-ST-ZIP	TAVERNIER FL 33070	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WATKINS, ARTHUR J	
STREET ADDRESS	11633 ALAFAYA WOODS CT 4400 S. Monroco #431	
CITY-ST-ZIP	ORLANDO FL 32826 DENVER, CO 80237	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAM DIEHL	
STREET ADDRESS	4001 SANTA BARBARA BLVD	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	D	<input type="checkbox"/> Delete
NAME	GLOBUS, MICHAEL	
STREET ADDRESS	12 PARK AVE	
CITY-ST-ZIP	ISLAMORADA FL 33036	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DICK HERRICK	
STREET ADDRESS	97450 OVERSEAS HIGHWAY	
CITY-ST-ZIP	KEY LARGO, FL 33037	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES A. WHILLOCK III	
STREET ADDRESS	5910 TOP VIEW CT	
CITY-ST-ZIP	COLORADO SPRINGS, CO 80918	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DON WEIDENWEBER	
STREET ADDRESS	16810 S.W. PARRETT MTN RD.	
CITY-ST-ZIP	SHERWOOD, OR 97140	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTIN MANNING	
STREET ADDRESS	87425 OLD HIGHWAY #35	
CITY-ST-ZIP	ISLAMORADA, FL 33036	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARTHUR J. WATKINS	
STREET ADDRESS	4400 S. Monroco #431	
CITY-ST-ZIP	DENVER, CO 80237	
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: *Clinton E. Watkins* CLINTON E. WATKINS 3-15-02 (305)664-9924

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)