

2001 UNIFORM BUSINESS REPORT (UBR)

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

04-05-2001 90084 014 ****61.25

DOCUMENT # N98000004702

1. Entity Name

U.S.S. FORRESTAL SEA, AIR, SPACE MUSEUM, INC.

Principal Place of Business

Mailing Address

**3439 W. HILLSBOROUGH AVE.
 2ND FLOOR
 TAMPA FL 33624**

**PO BOX 15824
 TAMPA FL 33684**

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

59-3527952

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

**PREVATT, KAREN J
 201 N FRANKLIN ST, SUITE 2505
 TAMPA FL 33602**

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 NAME STREET ADDRESS CITY-ST-ZIP	DC KERCHER, JOHN 5142 SAN JOSE ST. TAMPA FL 33629	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVC PIENO, JOHN P O BOX 13907 TALLAHASSEE FL 32317-3907	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CAVALIER, RONALD 4003 CEDAR CAY CIRCLE VALRICO FL 33594	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T AIDMAN, TERRY 401 E. JACKSON ST. STE 3400 TAMPA FL 33602	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINEZ, DANNY 1906 ST ISABEL TAMPA FL 33607-6522	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D URBANSKI, JIM 2915 HAWTHORN RD TAMPA FL 33611	<input checked="" type="checkbox"/> Delete

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 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, and all other like empowered.

SIGNATURE:

SIGNATURE OF JOHN W. Kercher

2/6/01 813 878 2879

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (10/00)

Attachment
#1980000041702
939687

Title Name Street Address City, State-Zip	D BARTLETT, DON 73 PARKWOOD DR. WAREHAM, MA 02571
Title Name Street Address City, State-Zip	D BOGGS, E. JACKSON 819 GROVE PARK CIRCLE TAMPA, FL 33609
Title Name Street Address City, State-Zip	D FISHER, ARTHUR 5553 WATERS AVE. TAMPA, FL 33634
Title Name Street Address City, State-Zip	D GRAY, G. WILLIAM 2919 GANDY BLVD. TAMPA, FL 33611
Title Name Street Address City, State-Zip	D HEININGER, H.G. 2012 EAST VIEW DRIVE SUN CITY CENTER, FL 33573
Title Name Street Address City, State-Zip	D HIGGINS, LAURENCE 5225 N. HIMES AVE. TAMPA, FL 33614
Title Name Street Address City, State-Zip	D KRUSEN, BILL 7650 COURTNEY CAMPBELL CAUSEWAY TAMPA, FL 33607
Title Name Street Address City, State-Zip	D OLSSON, NILS 6215 CHAUNCEY DRIVE TAMPA, FL 33677
Title Name Street Address City, State-Zip	D ROBINSON, JOSEPH PO BOX 4505 TAMPA, FL 33677
Title Name Street Address City, State-Zip	D RYAN, WILLIAM 705 WARREN RD. LUTZ, FL 33549
Title Name Street Address City, State-Zip	D SILAH, ROBERT 5022 BARROWE DR. TAMPA, FL 33624
Title Name Street Address City, State-Zip	D THOMAS, ALLEN 5513 W. SLIGH AVE. TAMPA, FL 33634
Title Name Street Address City, State-Zip	D THOMAS, LYLE 1516 W. DEL WEBB BLVD. SUN CITY CENTER, FL 33573

-END OF LIST- -NO FURTHER ENTRIES-