

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2000 8:00 am**  
**Secretary of State**

05-13-2000 90033 005 \*\*\*\*61.25

**DOCUMENT # N98000007162**

1. Entity Name

**RYAN CLAN ASSOCIATION, U.S. SEPT, INC.**

Principal Place of Business

Mailing Address

3231 FRED GEORGE RD., SUITE 102  
 TALLAHASSEE FL 32303

P. O. BOX 13241  
 TALLAHASSEE FL 32317-3241

2. Principal Place of Business

3. Mailing Address

2580 CALCADAVE

P.O. Box 13241

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

TALLAHASSEE, FL

TALLAHASSEE, FL

4. FEI Number

Applied For

59-3554822

Not Applicable

Zip

Country

Zip

Country

32308

USA

32317

USA

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

RYAN, J. TERRY  
 2538 STONEGATE DR.  
 TALLAHASSEE FL 32308

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

4/13/00

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	Delete
PRESIDENT + DIRECTOR	J. TERRY RYAN	P.O. Box 13241	TALLAHASSEE, FL 32317	<input type="checkbox"/>
SECRETARY - DIRECTOR	SARAH BATHURST	1518 CRIS PLACE	ANN ARBOR, CA 92802	<input type="checkbox"/>
DIRECTOR AT LARGE	JIM CARIBAN	602 MOUNTAIN RD	FRANKFORD, KY 40601	<input type="checkbox"/>
DIRECTOR AT LARGE	JAMES W. RYAN	2 HAWTHORNE PLACE, #16E	BOSTON, MA 02114	<input type="checkbox"/>
TREASURER - DIRECTOR	RAM J. CAREY	6022 KNIGHTS RIDGE WAY	ALEXANDRIA, VA 22304	<input type="checkbox"/>
				<input type="checkbox"/>

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

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 another line empowered.

**SIGNATURE:** **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #