

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 17, 2001 8:00 am**  
**Secretary of State**

0015079

**DOCUMENT # N98000007162**

1. Entity Name

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

01-17-2001 90070 023 \*\*\*\*61.25

Principal Place of Business

Mailing Address

2580 CARL DRIVE  
 #2  
 TALLAHASSEE FL 32308

P. O. BOX 13241  
 TALLAHASSEE FL 32317

U U A O A J



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2580 CARE DR. #2

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3554822

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

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

*[Handwritten 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	PD	<input type="checkbox"/> Delete
NAME	RYAN, J TERRY	
STREET ADDRESS	PO BOX 13241	
CITY-ST-ZIP	TALLAHASSEE FL 32311	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BARTHOLOMEW, SHARON	
STREET ADDRESS	1518 CRIS PLACE	
CITY-ST-ZIP	ANAHEIM CA 92802	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARIGAN, JIM	
STREET ADDRESS	662 MONTCLAIR RD	
CITY-ST-ZIP	FRANKFORT KY 40601	
TITLE	D	<input type="checkbox"/> Delete
NAME	RYAN, JAMES W	
STREET ADDRESS	2 HAWTHORNE PLACE #16E	
CITY-ST-ZIP	BOSTON MA 02114	
TITLE	TD	<input type="checkbox"/> Delete
NAME	RADM, JIM CAREY	
STREET ADDRESS	6022 KNIGHTS RD 62 WAY	
CITY-ST-ZIP	ALEXANDRIA VA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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:** **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (10/00)