

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 04, 2002 8:00 am
Secretary of State

08-04-2002 90157 034 ****61.25

DOCUMENT # N98000007162

1. Entity Name

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

Principal Place of Business

Mailing Address

**2590 CARE DRIVE
 #2
 TALLAHASSEE FL 32308**

**P. O. BOX 13241
 TALLAHASSEE FL 32317**

BUI30000



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

59-3554822

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

**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 _____

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

CR2E037 (9/01)

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

7/30/02 850/562-6466

Date Daytime Phone #