

2000 UNIFORM BUSINESS REPORT (UBR)

1/26

FILED

Apr 18, 2000 8:00 am
Secretary of State

01-26-2000 90181 026 ****61.25

DOCUMENT # N99000002903

1. Entity Name

USAF COMSEC VETERANS GROUP, INC.

Principal Place of Business

2692 WALNUT DRIVE
PALM HARBOR FL 34683

Mailing Address

2692 WALNUT DRIVE
PALM HARBOR FL 34683-6544

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

74-290583

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

LEMONS, ANTHONY P
2692 WALNUT DRIVE
PALM HARBOR FL 34683

7. Name and Address of New Registered Agent

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME **P RICHARD J. WHITE**
STREET ADDRESS **5301 NORTHWOOD LAKE DR WEST**
CITY-ST-ZIP **NORTHPORT, AL 35473**

TITLE ☐ Change ☐ Addition
NAME **VP RICHARD A. SHOLTS**
STREET ADDRESS **110 MYSTIC MEADOWS LANE**
CITY-ST-ZIP **CREVE COEUR, MO 63141**

TITLE ☐ Change ☐ Addition
NAME **S ANTHONY P. LEMONS**
STREET ADDRESS **2692 WALNUT DRIVE**
CITY-ST-ZIP **PALM HARBOR, FL 34683**

TITLE ☐ Change ☐ Addition
NAME **T JOHN D. SANDERS**
STREET ADDRESS **207 POSITIVE LANE**
CITY-ST-ZIP **LAKE PARK, FL 33636**

TITLE ☐ Change ☐ Addition
NAME **ASSISTANT TREASURER JOSEPH P. PETAILLI**
STREET ADDRESS **PO Box 505**
CITY-ST-ZIP **WAYNESBURG, OH 44688**

TITLE ☐ Change ☐ Addition
NAME **ASSISTANT SECRETARY ROGER C. HALLADA**
STREET ADDRESS **3264 LAUREL DRIVE**
CITY-ST-ZIP **GULF BREEZE, FL 32561**

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

ANTHONY P. LEMONS 1/22/2000 727-736-1993

Date

Daytime Phone #