

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000007468

1. Entity Name

SECOND CAVALRY ASSOCIATION, INC.

**FILED**  
**Feb 14, 2000 8:00 am**  
**Secretary of State**

02-14-2000 90184 050 \*\*\*\*61.25

Principal Place of Business 631 S. RIDGEWOOD AVE. DAYTONA BEACH FL 32114-4931	Mailing Address 631 S. RIDGEWOOD AVE. DAYTONA BEACH FL 32114-4931
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DO NOT WRITE IN THIS SPACE

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 51-0243394	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**POWELL, MERRITT H**  
**631 S. RIDGEWOOD AVE.**  
**DAYTONA BEACH FL 32114-4931**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete ALLMENDINGER, HERMAN O 5020 SPRING CREEK LA STILLWATER OK 74074-1507
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete DAVIDOWICZ, VALDA G 512 COMMONWEALTH JACKSON MI 48202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete FRYMIER, CLIFFORD 119 HAZEL ST. PLYMOUTH NC 27962-9564
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete SORTINO, SAMUEL V 804 CORAL BEAN DOVE VENICE FL 34293
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete STEWART, TOM 10708 149TH ST. CT SOUTH HILL WA 98374
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete POWELL, MERRITT H 631 S. RIDGEWOOD AV DAYTONA BEACH FL 32114-4931

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board Chairman <input type="checkbox"/> Change <input checked="" type="checkbox"/> Additio Henry J Ebrey, Jr. 356 N Church ST West Chester PA 19381-3493
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Additio LTGEN L. D. Holder 117 W Creek DR Salado TX 76571
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Additio Paul Castagna 5112 W 85th LA Crown Point IN 46307-1507
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Additio COL(Ret) Thomas M. Molino 1710 Goodridge DR McLean VA 22102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Additio Lonnie Davidson 2006 Golfview DR Plant City FL 33566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Additio William J. Heidner 281 Ballpark RD Anacoco LA 71459-5117

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 a title like empowered.

**SIGNATURE:** Merritt H. Powell **Merritt H. Powell, Director** **3 February 2000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #