

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P10792

1. Entity Name

UNITED ARMED FORCES ASSOCIATION, INC.

**FILED**  
**Feb 10, 2000 8:00 am**  
**Secretary of State**

02-10-2000 90038 031 \*\*\*\*61.25

Principal Place of Business

Mailing Address

125 AUSTIN AVE STE 1802  
BOX 2603  
TX 76701

425 AUSTIN AVE STE 1802  
PO BOX 2603  
WACO TX 76701-2124  
US

2. Principal Place of Business

3. Mailing Address

7543 Bosque Blvd  
Suite, Apt. #, etc.

P.O. Box 20672  
Suite, Apt. #, etc.

Suite D  
City & State  
Woodway, TX

City & State  
Waco, TX

Zip  
76712

Country  
USA

Zip  
76702

Country  
USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~JOHNSON, ANDREW C.~~  
8282 WESTERN WAY CIRCLE  
STE 1251  
JACKSONVILLE FL 32256

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 | NAME               | STREET ADDRESS              | CITY-ST-ZIP       | <input type="checkbox"/> Delete     |
|-------|--------------------|-----------------------------|-------------------|-------------------------------------|
| OT    | NALL, KENNETH      | 425 AUSTIN AVE SUITE 1802   | WACO TX           | <input type="checkbox"/>            |
| S     | HUDSON, JENNIFER D | 425 AUSTIN AVE., SUITE 1802 | WACO TX           | <input checked="" type="checkbox"/> |
| DVP   | STADING, RON       | 5845 ONIX SUITE 104         | EL PASO TX        | <input type="checkbox"/>            |
| P     | WALKER, ROBERT J   | 2700 ROYESTER CT            | VIRGINIA BEACH VA | <input type="checkbox"/>            |
|       |                    |                             |                   | <input type="checkbox"/>            |
|       |                    |                             |                   | <input type="checkbox"/>            |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> 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 all other like empowered.

**SIGNATURE:** *Kenneth H. Nall* **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Treasurer

02/04/00 888-457-7667

Date

Daytime Phone #

CR2E037 (9/99)