

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90016 002 ****61.25

DOCUMENT # 732397

1. Entity Name

SEMINOLE COUNTY CHAPTER NO. 30, DISABLED AMERICA

Principal Place of Business

Mailing Address

3512 ORLANDO DR
 SANFORD FL 32773

3512 ORLANDO DR
 SANFORD FL 32773-5610

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6198781

Applied For

Not Applied For

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WEST, HARRY
41 LA VISTA DR E
WINTER SPRINGS FL 32708

7. Name and Address of New Registered Agent

Name **Danny Lauderbaugh**
 Street Address (P.O. Box Number is Not Acceptable)
2635 S Laurel Ave.
 City **Sanford** **FL** Zip Code **32773**

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

DANNY LAUDERBAUGH DC

(NOTE) Registered Agent signature required when re-registering

1-27-2000

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 **DC** Delete
 NAME **WEST, HARRY**
 STREET ADDRESS **41 LA VISTA DR E**
 CITY-ST-ZIP **WINTER SPRINGS FL 32708**

TITLE **DC** Change Addition
 NAME **Danny Lauderbaugh**
 STREET ADDRESS **2635 S Laurel Ave.**
 CITY-ST-ZIP **Sanford FL. 32773**

TITLE **VD** Delete
 NAME **SHROEDER, KURT**
 STREET ADDRESS **1911 N PORTILLO DR**
 CITY-ST-ZIP **DELTONA FL 32738**

TITLE **VD** Change Addition
 NAME **Joesph R DEAN**
 STREET ADDRESS **703 Briarcliffe ST.**
 CITY-ST-ZIP **Sanford FL. 32773**

TITLE **VD** Delete
 NAME **CAIN, JERRY**
 STREET ADDRESS **2818 S SANFORD AVE**
 CITY-ST-ZIP **SANFORD FL 32773**

TITLE **VD** Change Addition
 NAME **Jeffery Bell**
 STREET ADDRESS **327 SilverPine DR.**
 CITY-ST-ZIP **Lake Mary FL. 32746**

TITLE **S** Delete
 NAME **KOLOWSKY, FRANK**
 STREET ADDRESS **PO BOX 5480**
 CITY-ST-ZIP **DELTONA FL 32728**

TITLE **S** Change Addition
 NAME **Jacqueline Luther**
 STREET ADDRESS **2408 Marshall Ave.**
 CITY-ST-ZIP **Sanford FL. 32711**

TITLE **T** Delete
 NAME **SHAFFER, RONALD D**
 STREET ADDRESS **1172 FROTWOOD BLVD**
 CITY-ST-ZIP **WINTER SPRINGS FL 32708**

TITLE **T** Change Addition
 NAME **John E Mackey**
 STREET ADDRESS **714 Baywood Cir.**
 CITY-ST-ZIP **Sanford FL. 32773**

TITLE **M** Delete
 NAME **WILKINS, WILLIAMS**
 STREET ADDRESS **105 LAKE BOY DR**
 CITY-ST-ZIP **SANFORD FL**

TITLE **M** Change Addition
 NAME **Robert J Smith**
 STREET ADDRESS **110 Oakland Ave.**
 CITY-ST-ZIP **Sanford FL. 32773**

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

1-27-2000 407-323-8306

DATE

DAY/TIME PHONE #