

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90358 004 ****70.00

DOCUMENT # 765281

1. Entity Name

BEVERLY HILLS, CHAPTER 21, DISABLED AMERICAN VET

Principal Place of Business

**9838 BAYVIEW AVENUE
 JACKSONVILLE FL 32208-1547**

Mailing Address

**9838 BAYVIEW AVENUE
 JACKSONVILLE FL 32208-1547**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-6196586

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**SCHOONOVER, JACKIE R
 5617 N PEARL ST
 JACKSONVILLE FL 32208**

7. Name and Address of New Registered Agent

Name **SHAW, EUGENE**

Street Address (P.O. Box Number is Not Acceptable)

218 KIRK RD

City **JACKSONVILLE**

FL

Zip Code **32218**

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 **SHAW, EUGENE, CD**
 Signature, typed or printed name of registered agent and title if applicable.

Eugene Shaw **5-3-01**
 (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 **VD** ☐ Delete
 NAME **SHAW, EUGENE**
 STREET ADDRESS **218 KIRK RD**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **VD** ☐ Delete
 NAME **ROYAL, JACOB**
 STREET ADDRESS **621 BIRD ROAD**
 CITY-ST-ZIP **JACKSONVILLE FL 32218**

TITLE **TAD** ☒ Delete
 NAME **PAUL, DAN**
 STREET ADDRESS **RT 5 BOX 9495**
 CITY-ST-ZIP **HILLIARD FL**

TITLE **CD** ☒ Delete
 NAME **SCHOONOVER, JACKIE**
 STREET ADDRESS **5617 N PEARL ST**
 CITY-ST-ZIP **JACKSONVILLE FL 32208**

TITLE **D** ☐ Delete
 NAME **DUBBERLY, THURMAN C**
 STREET ADDRESS **1433 JODIOR RD**
 CITY-ST-ZIP **JACKSONVILLE FL 32218**

TITLE **TD** ☐ Delete
 NAME **HEDGEPEETH, CALVIN H**
 STREET ADDRESS **3945 PITTMAN DR E**
 CITY-ST-ZIP **JACKSONVILLE FL 32209**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **CD** ☒ Change ☒ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **32218**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
 NAME **DONALD COLEMAN**
 STREET ADDRESS **1268 QUAIL ROAD**
 CITY-ST-ZIP **CALLAHAN FL 32011**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **1433 JUNIOR RD**
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **32207**

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: *CALVIN H. HEDGEPEETH*
 CALVIN H. HEDGEPEETH

42 71-7001 904733-1295

CR2E037 (10/00)