

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 765317

1. Entity Name

SOUTH MARION CHAPTER #85, DISABLED AMERICAN VETE

**FILED**  
**Apr 21, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90102 024 \*\*\*\*61.25

Principal Place of Business	Mailing Address
9892 S.E. 58TH AVENUE P O BOX 3156 BELLEVIEW FL 34421 US	9892 S.E. 58TH AVENUE P O BOX 3156 BELLEVIEW FL 34421-3156 US

2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	59-2299313	Applied For	<input type="checkbox"/>
		Not Applicable	<input type="checkbox"/>
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**CRUCE, JAMES E.**  
**10631 S.E. 52ND COURT**  
**BELLEVIEW FL 32620**

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 *James E. Cruce* *April 5, 00*

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

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS

TITLE	<b>C</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>PERRI, ANTHONY F</b>	
STREET ADDRESS	<b>3 JUNIPER PASS LN</b>	
CITY-ST-ZIP	<b>OCALA FL 34480</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>CRUCE, JAMES E.</b>	
STREET ADDRESS	<b>10631 S.E. 52ND CT.</b>	
CITY-ST-ZIP	<b>BELLEVIEW FL</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MELVILLE, ROBERT F</b>	
STREET ADDRESS	<b>13507 SW 43 CIRCLE</b>	
CITY-ST-ZIP	<b>OCALA FL 34473</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>EVANS, PEARLE</b>	
STREET ADDRESS	<b>9901 S.E. HIGHWAY 314 LOT 7D</b>	
CITY-ST-ZIP	<b>SILVER SPRINGS FL 34488</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MICHEL, CHARLES</b>	
STREET ADDRESS	<b>8533 126TH PL</b>	
CITY-ST-ZIP	<b>BELLEVIEW FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>C</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Mas Kell Richard H</b>	
STREET ADDRESS	<b>10744 SW 62nd Ter</b>	
CITY-ST-ZIP	<b>Ocala FL 34476</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Joseph Alfano (NMN)</b>	
STREET ADDRESS	<b>3809 SE 3rd St</b>	
CITY-ST-ZIP	<b>Ocala FL 34491</b>	
TITLE	<b>O</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Bruce, Homer F</b>	
STREET ADDRESS	<b>17894 SE 107th</b>	
CITY-ST-ZIP	<b>Summerfield FL 34491</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Joseph Alfano* *April 5 00* *352-694-7928*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)