

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 765743

1. Entity Name

ORANGE PARK CHAPTER 38, DISABLED AMERICAN VETERA

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90083 024 ****61.25

Principal Place of Business

470 MADEIRA DR
ORANGE PARK FL 32073
US

Mailing Address

470 MADEIRA DR
ORANGE PARK FL 32073-3359
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **NOT APPLICABLE**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BELAND, HARVEY P.
2990 PONY LANE
MIDDLEBURG FL 32068

Name **JULES NAGY**

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

City **ORANGE PARK**

FL

Zip Code **32073**

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

JULES NAGY
Jules Nagy

Signature, typed or printed name of registered agent and entity, if applicable.

(NOTE: Registered Agent's signature required when reinstating)

DATE

4-17-2000

**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 **D** ☒ Delete
NAME **BELAND, H. PAUL**
STREET ADDRESS **2990 PONY LANE**
CITY-ST-ZIP **MIDDLEBURG FL**

TITLE **D** ☐ Change ☒ Addition
NAME **JULES NAGY**
STREET ADDRESS **380 AQUARIUS CT**
CITY-ST-ZIP **ORANGE PK. FL 32073**

TITLE **PD** ☐ Delete
NAME **VARGA, ALEXANDER B**
STREET ADDRESS **591 GULFSTREAM TRAIL'S**
CITY-ST-ZIP **ORANGE PARK FL**

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

TITLE **MD** ☐ Delete
NAME **NAGY, JULES**
STREET ADDRESS **380 AQUARIUS CT**
CITY-ST-ZIP **ORANGE PARK FL 32073**

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

TITLE **TD** ☒ Delete
NAME **NAGY, JULES JR.**
STREET ADDRESS **622 FILMORE ST #126**
CITY-ST-ZIP **ORANGE PARK FL 32073**

TITLE **TD** ☐ Change ☒ Addition
NAME **CRAIG WALKER**
STREET ADDRESS **588 MADEIRA DR**
CITY-ST-ZIP **ORANGE PK, FL 32073**

TITLE **D** ☒ Delete
NAME **BARANOWSKI, ELMER**
STREET ADDRESS **1698 DEBBIE LN.**
CITY-ST-ZIP **ORANGE PARK FL**

TITLE **D** ☐ Change ☐ Addition
NAME **KENNETH DEAN**
STREET ADDRESS **570 BEN HARRISON ST**
CITY-ST-ZIP **ORANGE PK, FL 32073**

TITLE **SD** ☐ Delete
NAME **HOLLERS, ALLAN S**
STREET ADDRESS **227 BLAIRMORE BLVD**
CITY-ST-ZIP **ORANGE PARK FL**

TITLE ☐ Change ☐ 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)(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: **JULES NAGY**
Jules Nagy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-00

Date

904-269-2945

Daytime Phone #

CR2F037 (9/99)