2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State
04-17-2001 90071 035 ****61.25

0007273

DOCUMENT # 765743

1. Entity Name

ORANGE PARK CHAPTER 38, DISABLED AMERICAN VETERA

Principal Place of Business	Mailing Address
470 MADEIRA DR ORANGE PARK FL 32073 US	470 MADEIRA DR ORANGE PARK FL 32073 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
Zip / Country	Zip / Country

4. FEI Number NOT APPLICABLE ☐ Applied For ☐ Not Applicable

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
NAGY, JULES 380 AQUARIUS CONCOURSE ORANGE PARK FL 32073	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	D NAGY, JULES 380 ADIMRIOUS CT ORANGE PARK FL 32073	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD VARGA, ALEXANDER B 591 GULFSTREAM TRAIL S ORANGE PARK FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MD NAGY, JULES 380 AQUARIUS CT ORANGE PARK FL 32073	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD WALKER, CRAIL 588 MADEIRA DR ORANGE PARK FL 32073	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition TD VERNON H. FERRIS. 356 ARIES DR ORANGE PARK, FL 32073
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ DEAN ~~OGAN~~, KENNETH 590 BEN HARRISON ST ORANGE PARK FL 32073	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition D DEAN, KENNETH 590 BEN HARRISON ST ORANGE PARK, FL, 32073
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HOLLERS, ALLAN S 227 BLAIRMORE BLVD ORANGE PARK FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/00)

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 4-13-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #