

2002 UNIFORM BUSINESS REPORT (UBR)**FILED****Jul 11, 2002 8:00 am**
Secretary of State

07-11-2002 90253 001 ****61.25

DOCUMENT # N07892

1. Entity Name

DALE MABRY POST 139, INC.

Principal Place of Business

**3818 W BAY VISTA AVE
TAMPA FL 33611
US**

Mailing Address

**3818 W BAY VISTA AVE
TAMPA FL 33611-1229
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0944529

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

**KEEL, CLARENCE J JR
4045 HENDERSON BLVD
TAMPA FL 33629**

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 **PD** ☐ Delete
NAME **PINKHAM, ANNE**
STREET ADDRESS **3818 W BAY VISTA AVE**
CITY-ST-ZIP **TAMPA FL 33611**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VD** ☐ Delete
NAME **CRONEY, EDWARD E JR**
STREET ADDRESS **4436 W BAY AVE**
CITY-ST-ZIP **TAMPA FL 33611**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **PINKHAM, AL**
STREET ADDRESS **3818 W BAY VISTA AVENUE**
CITY-ST-ZIP **TAMPA FL 33611**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **T** ☒ Delete
NAME **KAPLAN, MORRIS**
STREET ADDRESS **2912 MARLIN AVE**
CITY-ST-ZIP **TAMPA FL 33611**TITLE **T** ☒ Change ☐ Addition
NAME **BRANDT, DEAN C.**
STREET ADDRESS **3818 W. BAY VISTA AVE.**
CITY-ST-ZIP **TAMPA, FL, 33611**TITLE **SD** ☐ Delete
NAME **SCHUMACHER, GEORGE**
STREET ADDRESS **3818 W BAY VISTA AVE**
CITY-ST-ZIP **TAMPA FL 33611**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6-25-02 813-839-6740

CR2E037 (9/01)