

2002 UNIFORM BUSINESS REPORT (UBR)

AMENDED

FILED

09-03-2002 90123 018 ****61.25
N07892

DOCUMENT # N07892

1. Entity Name

DALE MABRY POST 139, INC.

02 SEP -9 AM 10:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

3818 W BAY VISTA AVE
TAMPA FL 33611
US

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

Zip

Country

Zip

Country

4. FEI Number

59-0944529

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
min. will be \$236.25.

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
NAME PINKHAM, ANNE ☒ Delete
STREET ADDRESS 3818 W BAY VISTA AVE
CITY-ST-ZIP TAMPA FL 33611

TITLE PD
NAME Marshall, Charles ☒ Change ☐ Addition
STREET ADDRESS 3818 W. Bay Vista Ave
CITY-ST-ZIP Tampa, FL, 33611

TITLE VD
NAME CRONEY, EDWARD E JR ☐ Delete
STREET ADDRESS 4436 W BAY AVE
CITY-ST-ZIP TAMPA FL 33611

TITLE D
NAME PINKHAM, AL ☒ Delete
STREET ADDRESS 3818 W BAY VISTA AVENUE
CITY-ST-ZIP TAMPA FL 33611

TITLE D
NAME PINKHAM, AL ☒ Delete
STREET ADDRESS 3818 W BAY VISTA AVENUE
CITY-ST-ZIP TAMPA FL 33611

TITLE VD
NAME Mastenbrook, Robert ☒ Change ☐ Addition
STREET ADDRESS 3818 W. Bay Vista Ave
CITY-ST-ZIP Tampa, FL, 33611

TITLE T
NAME KAPLAN, MORRIS ☒ Delete
STREET ADDRESS 2912 MARLIN AVE
CITY-ST-ZIP TAMPA FL 33611

TITLE TD
NAME Brandt, Jean C ☒ Change ☐ Addition
STREET ADDRESS 3818 W. Bay Vista Ave
CITY-ST-ZIP Tampa, FL, 33611

TITLE SD
NAME SCHUMACHER, GEORGE ☒ Delete
STREET ADDRESS 3818 W BAY VISTA AVE
CITY-ST-ZIP TAMPA FL 33611

TITLE SD
NAME Byrne, Edward R ☒ Change ☐ Addition
STREET ADDRESS 3818 W. Bay Vista Ave
CITY-ST-ZIP Tampa, FL, 33611

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

J. SIGNATURE NEQUIS

8-28-02

813-839-6740

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/02)