

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

4. FEI Number

59-2299313

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

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

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 C ☒ Delete
NAME PERRI, ANTHONY F
STREET ADDRESS 3 JUNIPER PASS LN
CITY-ST-ZIP Ocala FL 34480

TITLE C ☒ Change ☐ Addition
NAME Maskell Richard H
STREET ADDRESS 10744 SW 62nd Ter
CITY-ST-ZIP Ocala FL 34476

TITLE V ☐ Delete
NAME CRUCE, JAMES E.
STREET ADDRESS 10631 S.E. 52ND CT.
CITY-ST-ZIP BELLEVIEW FL

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

TITLE T ☒ Delete
NAME MELVILLE, ROBERT F
STREET ADDRESS 13507 SW 43 CIRCLE
CITY-ST-ZIP Ocala FL 34473

TITLE T ☒ Change ☐ Addition
NAME Joseph Alfano (NMN)
STREET ADDRESS 3809 S.E. 3rd St
CITY-ST-ZIP Ocala FL 34491

TITLE T ☒ Delete
NAME EVANS, PEARLE
STREET ADDRESS 9901 S.E. HIGHWAY 314 LOT 7D
CITY-ST-ZIP SILVER SPRINGS FL 34488

TITLE O ☒ Change ☐ Addition
NAME Bruce, Homer F
STREET ADDRESS 17894 SE 107th
CITY-ST-ZIP Summerfield FL 34491

TITLE D ☐ Delete
NAME MICHEL, CHARLES
STREET ADDRESS 8533 126TH PL
CITY-ST-ZIP BELLEVIEW FL

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

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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)