2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State
05-16-2000 90144 019 ****61.25

DOCUMENT # 723236

1. Entity Name

BROOKSVILLE CADA-HADDON CHAPTER 67 DISABLED AMER

Principal Place of Business	Mailing Address
16314 CORTEZ BLVD P.O. BOX 10069 BROOKSVILLE FL 34601 US	P O BOX 10069 P.O. BOX 10069 BROOKSVILLE FL 34603-0069 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 59-1941826 ☐ 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
PITT, JOHN F 6971 PINEHURST DR SPRING HILL FL 34606	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PD MANGANO, EDWARD 13372 BREWSTER RD SPRING HILL FL 34609	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	COMMANDER DOWNES, HARVEY 19479 PEYTON Pl. BROOKSVILLE, FL. # 34601	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD DOWNES, HARVEY L 19479 PEYTON PLACE BROOKSVILLE FL 34601	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SENIOR VICE JOHN HOUYOU 3010 BAY SHORE DR SPRING HILL, FL. # 34608	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD LAVERY, JANET 508 N AVE W BROOKSVILLE FL 34601	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD PITT, JOHN 6971 PINEHURST DR SPRINGHILL FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER HAROLD J. MASCHER 8199 MODENA AVE BROOKSVILLE, FL. # 34613	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD HOUYOU, JOHN R 3010 BAYSHORE DR SPRING HILL FL 34608	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2nd JR. VICE COMMANDER LOU MAZZARELLA 3075 AMBASSADOR AV. SPRING HILL, FL 34609	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SNYDER, HAROLD WEEKI WACHEE 9074 HEATHER BLVD BROOKSVILLE FL 34613	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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 the 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.

DAV CHAPTER 67
Cada - Haddon
P.O. Box 10069
Brooksville, FL 34603-0069

SIGNATURE: SIGNATURE REQUIRED Harold J Mascher 4-27-00 352-796-1679
SIGNATURE AND TYPED OR PRINTED NAME OF SERVING OFFICER Date Daytime Phone #