

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 723236

1. Entity Name

BROOKSVILLE CADA-HADDON CHAPTER 67 DISABLED AMER  
ICAN VETERANS, INC.

Principal Place of Business

16314 CORTEZ BLVD  
P.O. BOX 10069  
BROOKSVILLE FL 34601  
US

Mailing Address

P O BOX 10069  
P O BOX 10069  
BROOKSVILLE FL 34603-0069  
US

2. Principal Place of Business

16314 Cortez Blvd  
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 10069  
Suite, Apt. #, etc.

City & State

Brooksville, FL

City & State

Brooksville, FL

Zip

34601

Country

US

Zip

34603-0069

Country

US

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

PITT, JOHN F  
6971 PINEHURST DR  
SPRING HILL FL 34606

7. Name and Address of New Registered Agent

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	HOUYOU, JOHN R	
STREET ADDRESS	3010 BAYSHORE DRIVE	
CITY-ST-ZIP	SPRING HILL FL 34608	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	MANGAND, EDWARD	
STREET ADDRESS	13372 BREWSTER ROAD	
CITY-ST-ZIP	SPRING HILL FL 34609	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	DOWNES, HARVERY L	
STREET ADDRESS	19479 PEYTON PLACE	
CITY-ST-ZIP	BROOKSVILLE FL 34601	
TITLE	STD	<input type="checkbox"/> Delete
NAME	PITT, JOHN	
STREET ADDRESS	6971 PINEHURST DR	
CITY-ST-ZIP	SPRING HILL FL 34606	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	PARKER, JANET	
STREET ADDRESS	9001 SPRINGHILL DRIVE	
CITY-ST-ZIP	SPRING HILL FL 34608	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SNYDER, HAROLD	
STREET ADDRESS	WEEKI WACHEE 9074 HEATHER BLVD	
CITY-ST-ZIP	BROOKSVILLE FL 34613	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOWNES, Harvey L	
STREET ADDRESS	19479 Peyton Place	
CITY-ST-ZIP	Brooksville, FL 34601	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kocklet, Mary Ann	
STREET ADDRESS	2023 Belmar Ave	
CITY-ST-ZIP	Spring Hill, FL 34608	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pitt, John F	
STREET ADDRESS	6971 Pinehurst Dr	
CITY-ST-ZIP	Spring Hill, FL 34606	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kline, Robert H	
STREET ADDRESS	4941 S Phoeasant Way	
CITY-ST-ZIP	Floral City, FL 34436	

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

John F. Pitt

04-06-02

352-796-1679



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)