

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 724405**

1. Entity Name

**PINELLAS PARK CHAPTER #91 DISABLED AMERICAN VETE**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAR -6 PM 12:20

UC007414

Principal Place of Business

Mailing Address

~~10100 46TH STREET NORTH~~~~10100 46TH STREET NORTH~~PINELLAS PARK FL 33782  
USP.O. BOX 801  
PINELLAS PARK FL 33780-0801  
US

2. Principal Place of Business

10100 46th Street North

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 801

Suite, Apt. #, etc.

City &amp; State

Pinellas Park, FL

City &amp; State

Pinellas Park, FL

Zip

33782

Country

Pinellas

Zip

33780

Country

Pinellas

4. FEI Number

59-6206437

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

Name

ELMER L. WEST

Street Address (P.O. Box Number is Not Acceptable)

6526 CREEKVIEW TERRACE

City

PINELLAS PARK

FL

Zip Code  
33781KIDWELL, FORREST G.  
9125 78TH PLACE NORTH  
SEMINOLE FL 33777

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

Elmer L. WestElmer L. West

1-11-2000

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 FeesMake Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	CLIMES, WILLIE	
STREET ADDRESS	421 39TH STREET SOUTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33711	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAWSON, Charles	
STREET ADDRESS	7503 119th Avenue North	
CITY-ST-ZIP	Clearwater, FL 33773	

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	THOMPSON, EDGAR	
STREET ADDRESS	9061 65TH STREET	
CITY-ST-ZIP	PINELLAS PARK FL 33782	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VD	<input type="checkbox"/> Delete
NAME	SCHAUERTE, GEORGE	
STREET ADDRESS	8291 88TH AVENUE NORTH	
CITY-ST-ZIP	SEMINOLE FL 33777	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SD	<input type="checkbox"/> Delete
NAME	WEST, ELMER	
STREET ADDRESS	6526 CREEKVIEW TERRACE	
CITY-ST-ZIP	PINELLAS PARK FL 33781	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Elmer L. West Elmer L. West 1-11-2000 727-544-6380

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #