

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90009 025 ****66.25

DOCUMENT # 724405

1. Entity Name

PINELLAS PARK CHAPTER #91 DISABLED AMERICAN VETERANS HOLDING CORP., INC.

Principal Place of Business

**10100 46TH STREET NORTH
 PINELLAS PARK FL 33782**

Mailing Address

**P.O. BOX 801
 PINELLAS PARK FL 33780
 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 **59-6206437**

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

**WEST, ELMER L
 6526 CREEKVIEW TERRACE
 PINELLAS PARK FL 33781**

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

Elmer L. West

1-25-02

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 NAME **P CLIMES, WILLIE** ☐ Delete
 STREET ADDRESS **421 39TH STREET SOUTH**
 CITY-ST-ZIP **ST. PETERSBURG FL 33711**

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

TITLE NAME **D DAWSON, CHARLES** ☐ Delete
 STREET ADDRESS **7503 119TH AVENUE NORTH**
 CITY-ST-ZIP **CLEARWATER FL 33773**

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

TITLE NAME **VB SCHAUERTE, GEORGE** ☒ Delete
 STREET ADDRESS **8291 86TH AVENUE NORTH**
 CITY-ST-ZIP **SEMINOLE FL 33777**

TITLE NAME **KIDWELL FORREST** ☐ Change ☒ Addition
 STREET ADDRESS **9125 78TH PL.**
 CITY-ST-ZIP **SEMINOLE FL-33777**

TITLE NAME **SD WEST, ELMER** ☐ Delete
 STREET ADDRESS **6526 CREEKVIEW TERRACE**
 CITY-ST-ZIP **PINELLAS PARK FL 33781**

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

TITLE NAME **F FARINA, SAMUEL G** ☒ Delete
 STREET ADDRESS **14300 66TH ST-N. LOT #307**
 CITY-ST-ZIP **CLEARWATER FL 33773**

TITLE NAME **WISNOSKY DENNIS JR.** ☐ Change ☒ Addition
 STREET ADDRESS **5475 60TH WAY-N.**
 CITY-ST-ZIP **ST PETERSBURG FL 33705**

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
 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:

WILLIAM CLIMES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-25-02

CR2E037 (9/01)