

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90022 028 ****61.25

DOCUMENT # 729671

1. Entity Name

CENTRAL BREVARD CHAPTER #50, DISABLED AMERICAN V

Principal Place of Business

Mailing Address

P. O. BOX 908VE.. #9
 COCOA FL 32923

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 COCOA FL 32923

C0019623



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6196577

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HOLLOWAY, ROBERT G.
526 COCOA ISLES BLVD.
COCOA FL 32931

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	D	<input type="checkbox"/> Delete
NAME	PARKER, ALTON R	
STREET ADDRESS	2934 MATTHEW DRIVE	
CITY-ST-ZIP	ROCKLEDGE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	TALBOTT, LEWIS J.	
STREET ADDRESS	6255 JANINA RD	
CITY-ST-ZIP	COCOA FL	
TITLE	DC	<input type="checkbox"/> Delete
NAME	HOLLOWAY, ROBERT G.	
STREET ADDRESS	526 COCOA ISLES BLVD.	
CITY-ST-ZIP	COCOA BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	NELSON, JAMES O.	
STREET ADDRESS	3833 S BANANA RIVER DR	
CITY-ST-ZIP	COCOA BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAEL R. ANDERSON	
STREET ADDRESS	8000 Ridgewood Ave #201	
CITY-ST-ZIP	Cape Canaveral, FL 32920	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> 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:

Robert G. Holloway
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/2/00 *321-783-6543*
 Date Daytime Phone #

CR2E037 (9/99)