

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 729671

1. Entity Name

CENTRAL BREVARD CHAPTER #50, DISABLED AMERICAN V

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

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

4. FEI Number

59-6196577

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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 ☐ Delete
NAME D
STREET ADDRESS PARKER, ALTON R
CITY-ST-ZIP 2934 MATTHEW DRIVE
ROCKLEDGE FL

TITLE ☐ Delete
NAME D
STREET ADDRESS TALBOTT, LEWIS J
CITY-ST-ZIP 6255 JANINA RD
COCOA FL

TITLE ☐ Delete
NAME DC
STREET ADDRESS HOLLOWAY, ROBERT G.
CITY-ST-ZIP 526 COCOA ISLES BLVD.
COCOA BEACH FL

TITLE ☐ Delete
NAME D
STREET ADDRESS NELSON, JAMES O.
CITY-ST-ZIP 3833 S BANANA RIVER DR
COCOA BEACH FL

TITLE ☐ Delete
NAME T
STREET ADDRESS ANDERSON, MICHAEL R
CITY-ST-ZIP 8000 RIDGEWOOD AVE #201
CAPE CANAVERAL FL 32920

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

MICHAEL R ANDERSON

Date

1-20-01

Daytime Phone #

(321) 632-1111 ext 64467

CR2E037 (10/00)

UBR1413

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90051 012 ****61.25



DO NOT WRITE IN THIS SPACE