# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Feb 05, 2001 8:00 am**
**Secretary of State**
02-05-2001 90130 008 ****61.25

DOCUMENT # 735463

1. Entity Name

CENTRAL FLORIDA CHAPTER 16, DISABLED AMERICAN VE

| Principal Place of Business | Mailing Address |
|---|---|
| 2040 W CENTRAL BLVD. CHAPT 16<br>ORLANDO FL 32805 | 2040 W CENTRAL BLVD. CHAPT 16<br>ORLANDO FL 32805 |

DO NOT WRITE IN THIS SPACE

| 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 59-6196589 ☐ 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 |
|---|---|
| BERG, ALLEN E<br>2040 W. CENTRAL BLVD.<br>ORLANDO FL 32805 | Name: ELLEN L. CLEVEN<br>Street Address (P.O. Box Number is Not Acceptable): 2040 WEST CENTRAL BLVD<br>City: ORLANDO, FLORIDA FL Zip Code 32805 |

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: ELLEN L. CLEVEN (TREASURER) Ellen L. Cleven 30 Jan 01
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 / STREET ADDRESS / CITY-ST-ZIP | DP<br>SIPE, JOHN W<br>4027 KINGSBRIDGE RD<br>ORLANDO FL 32839 | ☒ Delete | PD<br>JENKINS FRANKLIN<br>955 BRIARWOOD LN<br>ALTAMONTE SPRINGS, FL 32714 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>CLEVEN, ELLEN L<br>9972 KENDAL DR<br>ORLANDO FL 32817 | ☒ Delete | VD<br>SIPE JOHN W<br>4027 KINGSBRIDGE DR<br>ORLANDO, FL 32839 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>BERG, ALLEN E<br>7900 CAPT MORGAN BLVD<br>ORLANDO FL 32822 | ☒ Delete | TD<br>CLEVEN ELLEN L<br>9972 KENDAL DR<br>ORLANDO, FL 32817 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>PAGAN, ANGEL E<br>2801 KINNON DR<br>ORLANDO FL 32817 | ☒ Delete | SD<br>TILLEY STERLING D<br>11628 BLACKMOOR DR<br>ORLANDO, FL 32837 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DVP<br>JENKINS, FRANKLIN<br>955 BRIARWOOD DR<br>ALTAMONTE SPRINGS FL 32714 | ☒ Delete | D<br>BROWN DIXON<br>933 CARTER RD<br>WINTER GARDEN FL 34787 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>WILLIAMS, HARRY C<br>1420 ASHER LN<br>ORLANDO FL 32803 | ☐ Delete | | ☐ Change ☐ Addition |

CR2E037 (10/00)

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 all other like empowered.

**SIGNATURE:** SIGNATURE REQUIRED 1-30-01 (407) 862-4067
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #