2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State
02-13-2002 90290 045 ****61.25

DOCUMENT # 735463

1. Entity Name

CENTRAL FLORIDA CHAPTER 16, DISABLED AMERICAN VETERANS, INCORPORATION

Principal Place of Business	Mailing Address
2040 W CENTRAL BLVD. CHAPT 16 ORLANDO FL 32805	2040 W CENTRAL BLVD. CHAPT 16 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
CLEVEN, ELLEN L 2040 W. CENTRAL BLVD. ORLANDO FL 32805	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 Ellen L. Cleven, ELLEN L. CLEVEN, Treasurer 29 Jan 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 / STREET ADDRESS / CITY-ST-ZIP	DP JENKINS, FRANKLIN 955 BRIARWOOD LN ALTAMONTE SPRINGS FL 32714	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP SIPE JOHN W. 4027 KINGSBRIDGE DRIVE ORLANDO, FL 32829	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ST. PE, JOHN W 4027 KINGSBRIDGE ORLANDO FL 32839	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD JENKINS FRANKLIN 955 BRIAWOOD LN ALTAMONTE SPRINGS FL 32714	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CLEVEN, ELLEN L 9972 KENDAL DR ORLANDO FL 32817	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD TILLEY, STERLING D 11628 BLACKMOOR DR ORLANDO FL 32837	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BROWN, DIXON 933 CARTER RD WINTER GARDEN FL 34787	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILLIAMS, HARRY C 1420 ASHER LN ORLANDO FL 32803	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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.

(O) 843-3722

SIGNATURE: Ellen L. Cleven REQUIRED ELLEN L. CLEVEN 29 Jan 02 (H) 657-6924
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #