

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 737883

1. Entity Name

SGT. DAVID G. LEDGERWOOD CHAPTER 92 DISABLED AME

Principal Place of Business

301 WEST BLUE SPRINGS AVE.  
ORANGE CITY FL 32763

Mailing Address

DAV CHAPTER 92  
P.O. BOX 0698  
ORANGE CITY FL 32774-0698

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

DAVIS, ARTHUR L  
1534 DUNLAP DRIVE  
DELTONA FL 32725

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	T	<input type="checkbox"/> Delete
NAME	DAVIS, ARTHUR L	
STREET ADDRESS	1534 DUNLAP DRIVE	
CITY-ST-ZIP	DELTONA FL 32725	
TITLE	A	<input type="checkbox"/> Delete
NAME	DAVIS, ARTHUR L	
STREET ADDRESS	1534 DUNLAP DRIVE	
CITY-ST-ZIP	DELTONA FL 32725	
TITLE	VS	<input type="checkbox"/> Delete
NAME	BOSS, JAMES S.	
STREET ADDRESS	1407 SAZON BLVD.	
CITY-ST-ZIP	DELTONA FL 32725	
TITLE	D	<input type="checkbox"/> Delete
NAME	CLOUGH, JAMES	
STREET ADDRESS	698 SULLIVAN	
CITY-ST-ZIP	DELTONA FL 32725	
TITLE	DC	<input type="checkbox"/> Delete
NAME	VOELZ, MARSHALL	
STREET ADDRESS	181 FOREST LANE	
CITY-ST-ZIP	DEBARY FL 32713	
TITLE	C	<input type="checkbox"/> Delete
NAME	LAMBERT, ARTHUR W	
STREET ADDRESS	180 FOREST LANE	
CITY-ST-ZIP	DEBARY FL 32713	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
TITLE	DC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VOELZ, MARSHALL	
STREET ADDRESS	101 Grand Plaza Dr. K4	
CITY-ST-ZIP	Orange City, FL 32763	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Apr 11, 2000 8:00 am  
Secretary of State

04-11-2000 90233 039 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number **NOT APPLICABLE** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

CR2E037 (9/99)

ARTHUR L. DAVIS 26 APR 2000 407-574-648