

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2002 8:00 am
Secretary of State

02-01-2002 90048 001 ****61.25

DOCUMENT # 737883

1. Entity Name

SGT. DAVID G. LEDGERWOOD CHAPTER 92 DISABLED AMERICAN VETERANS, INC.

Principal Place of Business

Mailing Address

**301 WEST BLUE SPRINGS AVE.
 ORANGE CITY FL 32763**

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

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

NOT APPLICABLE

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

**DAVIS, ARTHUR L
 1534 DUNLAP DRIVE
 DELTONA FL 32725**

Name **DAVIS, ARTHUR L.**

Street Address (P.O. Box Number is Not Acceptable)
16 LAKEPOINT CIRCLE

City **PORT ORANGE**

FL

Zip Code **32128**

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	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	101 GRAND PLAZA DR. K4	
CITY-ST-ZIP	ORANGE CITY FL 32763	
TITLE	C	<input type="checkbox"/> Delete
NAME	LAMBERT, ARTHUR W	
STREET ADDRESS	180 FOREST LANE	
CITY-ST-ZIP	DEBARY FL 32713	

TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, ARTHUR L.	
STREET ADDRESS	16 LAKEPOINT CIRCLE	
CITY-ST-ZIP	PORT ORANGE FL 32128	
TITLE	A	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, ARTHUR L	
STREET ADDRESS	16 LAKEPOINT CIRCLE	
CITY-ST-ZIP	PORT ORANGE FL 32128	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ARTHUR L. DAVIS

1-16-02

**386
 322-5294**

CR2E037 (9/01)