

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 743299**

Entity Name

**CPL. LOUIS C. GOI, CHAPTER #93, INC., DISABLED AM****FILED****Feb 14, 2000 8:00 am  
Secretary of State**

02-14-2000 90188 005 \*\*\*\*70.00

Principal Place of Business

Mailing Address

**64 AVE N  
OFFICE BOX 3813  
FL 33775****10792 64 AVE N  
POST OFFICE BOX 3813  
SEMINOLE FL 33775-3813****RU021440**

DO NOT WRITE IN THIS SPACE

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**23-7055711**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

5. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

**COOK, THOMAS G.  
10792 64TH AVENUE NORTH  
P.O. BOX 3252  
SEMINOLE FL 34642**

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

*Thomas G. Cook* *Thomas G. Cook*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**2-08-00****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**

OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
<b>VD</b> <input type="checkbox"/> Delete <b>DANGLER, HAROLD F.</b> 12933 81ST AVE., N. SEMINOLE FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
<b>PD</b> <input type="checkbox"/> Delete <b>GRIESHEIMER, WALTER</b> 6321 RIDGE RD 1205 SEMINOLE FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
<b>V</b> <input type="checkbox"/> Delete <b>OLDHAM, VICKI G.</b> 8799 92ND ST NO SEMINOLE FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
<b>TD</b> <input type="checkbox"/> Delete <b>COOK, THOMAS G.</b> 10792 64TH AVENUE N. SEMINOLE FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
<b>C</b> <input type="checkbox"/> Delete <b>FOX, EDWARD K</b> 12243 79TH PL SEMINOLE FL 33772	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
<b>C</b> <input type="checkbox"/> Delete <b>FOLEY, JAMES P</b> 7887 134TH STREET NORTH SEMINOLE FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP

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:

*Thomas G. Cook*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2-8-00 727-391-611**