

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 14, 2001 8:00 am**  
**Secretary of State**

03-14-2001 90503 019 \*\*\*\*70.00

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**DOCUMENT # 743299**

1. Entity Name

**CPL. LOUIS C. GOI, CHAPTER #93, INC., DISABLED AM**

Principal Place of Business

Mailing Address

10792 64 AVE N  
 POST OFFICE BOX 3813  
 SEMINOLE FL 33775

10792 64 AVE N  
 POST OFFICE BOX 3813  
 SEMINOLE FL 33772

**730632**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**23-7055711**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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

Thomas G. Cook  
 (NOTE: Registered Agent signature required when reinstating)

3/12/01  
 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	VD DANGLER, HAROLD F. 12933 81ST AVE., N. SEMINOLE FL 33776 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRIESHEIMER, WALTER 6321 RIDGE RD 1205 SEMINOLE FL 33778 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V OLDHAM, VICKI G. 8799 92ND ST NO SEMINOLE FL 33777 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COOK, THOMAS G. 10792 64TH AVENUE N. SEMINOLE FL 33772 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C FOX, EDWARD K 12243 79TH PL SEMINOLE FL 33772 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C FOLEY, JAMES P 7887 134TH STREET NORTH SEMINOLE FL 33776 <input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	FRANK TORRES, JR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11323 102ND AVENUE SEMINOLE, FL 33778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Thomas G. Cook 3/12/01 727-391-6464  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)