

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 743374

1. Entity Name

DISABLED AMERICAN VETERANS, SUNCOAST CHAPTER 139

Principal Place of Business

Mailing Address

8940 W. VETRANS DR.  
HOMOSASSA SPRINGS FL 34448

8940 W. VETRANS DR.  
HOMOSASSA SPRINGS FL 34448-1488

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

31-0898168

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

POPE, GEORGE A SR.  
8056 W. HOMOSASSA TR.  
HOMOSASSA FL 34448

Name

WARD Cady

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

7 Begonias CT

City

Homo Sassa,

FL

Zip Code

34446

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

WARD Cady

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/19/00

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DC ☐ Delete  
NAME HALL, RAYMOND  
STREET ADDRESS 7481 W WILDER CT  
CITY-ST-ZIP HOMOSASSA FL 34448

TITLE DSRC ☐ Delete  
NAME JACKWAY, ROBERT  
STREET ADDRESS 6264 W WESTON DR  
CITY-ST-ZIP CRYSTAL RIVER FL 34429

TITLE D ☐ Delete  
NAME ERCOLANO, CLEMENT J  
STREET ADDRESS 8 VILLAGE CENTER CIR  
CITY-ST-ZIP HOMOSASSA FL 34448

TITLE D ☐ Delete  
NAME MAYER, MELVIN  
STREET ADDRESS 6122 E CHAPEL LN  
CITY-ST-ZIP INVERNESS FL 34450

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME WARD Cady  
STREET ADDRESS 7 Begonias CT.  
CITY-ST-ZIP Homosassa, FL 34446

TITLE ☒ Change ☐ Addition  
NAME Richard P. Sporne  
STREET ADDRESS PO Box 682 Lecanto, FL 34460

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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)(l), 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 #

795-5155

FILED  
Feb 25, 2000 8:00 am  
Secretary of State

02-25-2000 90015 023 \*\*\*\*70.00

LU023440



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)