

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 747275

1. Entity Name

R. D. KISINER CHAPTER #75, DISABLED AMERICAN VE

Principal Place of Business

1803 GOLFVIEW DRIVE
FT. MYERS FL 33901
US

Mailing Address

9131 COLLEGE PKWY
13-B-160
FT MYERS FL 33919-5818
US

2. Principal Place of Business

13140 BURNINGTREE AVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT. MYERS, FL

City & State

Zip

33919

Country

USA

Country

4. FEI Number

59-6196578

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STONE, R.M.
13140 BURNINGTREE DRIVE
FT. MYERS FL 33919

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 reinstalling)

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 D ☒ Delete
NAME JAGGER, DOROTHY
STREET ADDRESS 4040-11 GOLFCLUB DRIVE
CITY-ST-ZIP NORTH FT. MYERS FL 33903

TITLE VPD ☒ Delete
NAME BUCHBUNDER, ALEX
STREET ADDRESS 5239 CEDARBEND DRIVE
CITY-ST-ZIP FT. MYERS FL 33919

TITLE VPD ☒ Delete
NAME EDDY, GENE
STREET ADDRESS 5553 PENDLEWOOD LANE
CITY-ST-ZIP FT. MYERS FL 33919

TITLE TD ☐ Delete
NAME STONE, R.M.
STREET ADDRESS 13140 BURNINGTREE AVE
CITY-ST-ZIP FT MYERS FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PRESIDENT, DIRECTOR ☒ Change ☐ Addition
NAME EDDY, GENE
STREET ADDRESS 5553 PENDLEWOOD LANE
CITY-ST-ZIP FT. MYERS, FL 33919

TITLE VP - DIRECTOR ☒ Change ☐ Addition
NAME JAGGER, DOROTHY
STREET ADDRESS 5985 H.I.N.E CIR.
CITY-ST-ZIP NO. FT. MYERS, FL 33903

TITLE DIRECTOR ☐ Change ☒ Addition
NAME KENNETH B. THIBODEAU
STREET ADDRESS P.O. BOX 147
CITY-ST-ZIP FT. MYERS, FL 33902

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)(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:

R.M. Stone, SECRETARY/TREASURER/DIRECTOR 1-13-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90086 031 ****61.25

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DO NOT WRITE IN THIS SPACE