

2001 UNIFORM BUSINESS REPORT (UBR)

3/2

FILED
May 22, 2001 8:00 am
Secretary of State

03-21-2001 90035 037 ****61.25

DOCUMENT # 747275

1. Entity Name

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

Principal Place of Business

**13140 BURNINGTREE AVE
 FORT MYERS FL 33919
 US**

Mailing Address

**9131 COLLEGE PKWY
 13B-180
 FT MYERS FL 33919
 US**

45969



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1320 SW 8th PL

3. Mailing Address

Suite, Apt. #, etc.

City & State
CAPE CORAL, FLORIDA

City & State

4. FEI Number

59-6196578

Applied For

Not Applicable

Zip
33991

Country
US

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

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

EDWARD J LEWIS

Name
EDWARD J LEWIS

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

1320 SW 8th PLACE

City
CAPE CORAL

FL

Zip Code

33991

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 **Edward J Lewis EDWARD J LEWIS**

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

(NOTE: Registered Agent signature required when reinstating)

3-17-01

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

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

TITLE **PD** ☒ Delete
 NAME **CENF, EDDY**
 STREET ADDRESS **5553 PEOPLEWOOD LANE**
 CITY-ST-ZIP **FORT MYERS FL 33919**

TITLE **VPD** ☐ Delete
 NAME **JAGGER, DOROTHY D**
 STREET ADDRESS **5985 NINE CIRCLE**
 CITY-ST-ZIP **FORT MYERS FL 33903**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 **TREASURER** ☒ Change ☐ Addition
 NAME **EDWARD J LEWIS T**
 STREET ADDRESS **1320 SW 8th PLACE**
 CITY-ST-ZIP **CAPE CORAL, FL 33991**

TITLE **ADJUTANT** ☒ Change ☐ Addition
 NAME **KENNETH THIBODAU T**
 STREET ADDRESS **P.O. BOX 147**
 CITY-ST-ZIP **FORT 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

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: **EDWARD J LEWIS**

3-17-01

941-772-1817

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)