

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90023 048 ****70.00

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1. Entity Name

WEST PALM BEACH CHAPTER #42 DISABLED AMERICAN VE

Principal Place of Business

Mailing Address

1897 PALM BEACH LAKES
 206
 WEST PALM BEACH FL 33409
 US

1897 PALM BEACH LAKES BLVD.
 SUITE #206
 WEST PALM BEACH FL 33409-3508
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

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

SWANSON, CHARLES G
1897 PALM BCH LAKES BLVD.
SUITE #206
WEST PALM BEACH FL 33409

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 reinstating)

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 ☐ Delete
 NAME **DC**
 STREET ADDRESS **BUSBY, JOHN F**
 CITY-ST-ZIP **524 INLET ROAD**
NORTH PALM BEACH FL 33408

TITLE ☐ Delete
 NAME **DT**
 STREET ADDRESS **SWANSON, CHARLES**
 CITY-ST-ZIP **107 C SHORE COURT**
NORTH PALM BEACH FL 33408

TITLE ☒ Delete
 NAME **DNSO**
 STREET ADDRESS **NEWTON, PAUL**
 CITY-ST-ZIP **740 OSPRAY WAY**
NORTH PALM BEACH FL 33408

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 ☐ Change ☐ Additor
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Change ☒ Additor
 NAME **DNSO**
 STREET ADDRESS **Anthony Meola**
 CITY-ST-ZIP **17034 Orange Grove Blvd.**
2020 Hatcher Fl. 33470

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

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

TITLE ☐ Change ☐ Additor
 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:

John F. Busby
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-844-3770