

2005-NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
DEC 28 AM 11:16
TALLAHASSEE, FLORIDA

DOCUMENT # 749944

1. Entity Name
**WEST PALM BEACH CHAPTER #42 DISABLED
AMERICAN VETERANS, INCORPORATED**



Principal Place of Business
1897 PALM BEACH LAKES
206
WEST PALM BEACH, FL 33409 US

Mailing Address
1897 PALM BEACH LAKES
206
WEST PALM BEACH, FL 33409 US

REINSTATEMENT 05

T. Roberts
6007600000 1

2. Principal Place of Business
7305 N. Military Trail
Suite, Apt. #, etc.
Room # 1A-141
City & State
West Palm Beach, FL
Zip
33409 Country
US

3. Mailing Address
7305 N. Military Trail
Suite, Apt. #, etc.
Room # 1A-141
City & State
West Palm Beach, FL
Zip
33409 Country
US

12202005 REIN-NP CR2E099 (6/04)

4. FEI Number
NOT APPLICABLE Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent
JAKUBOSKI, JOSEPH
201A SEA OATS DR
A
JUNO BEACH, FL 33408

7. Name and Address of New Registered Agent
Name **Salvator Uccello**
Street Address (P.O. Box Number is Not Acceptable)
3301 Lucerne Park Drive
City **Greenacres** FL Zip Code
33467

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Salvator Uccello** **Salvator Uccello** **12-21-2005**
(NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$61.25
After January 1, 2006, Fee will be \$122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DC BODMAN, MAXINE E PO BOX 057415 WEST PALM BEACH, FL 33405	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Salvator Uccello 3301 Lucerne Park Drive Greenacres, FL 33467	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TSC UCCELLO, SALVATONE 3307 LUCERNE PARK DR GREENACRES, FL 33461	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice-President Joseph Jakuboski 201 Sea Oats Drive, Apt. A Juno Beach, FL 33408	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TAT GJURICH, BLAINE JR 3300 ISLAMORADA WAY PALM BEACH GARDENS, FL 33410	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Treasurer Gerald F. Williams 5304 53rd Way West Palm Beach, FL 33409	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TSC BUSBY, JOHN F 524 INLET ROAD N PALM BEACH, FL 33408	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	700062448457 12/29/05--01002--003 **70.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	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"/> Delete	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: **Gerald F. Williams** **12-21-2005**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE

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