

DOCUMENT # 749944

WEST PALM BEACH CHAPTER #42 DISABLED  
AMERICAN VETERANS, INCORPORATED



7305 N MILITARY TRAIL  
ROOM # 1A-141  
PALM BEACH GARDENS, FL 33410 US

7305 N MILITARY TRAIL  
ROOM # 1A-141  
PALM BEACH GARDENS, FL 33410 US

### 3. Mailing Address

Suite, Apt. #, etc

City &amp; State

Country

Country

7. Name and Address of New Registered Agent

UCCELLO, SALVATOR  
3301 LUCERNE PARK DR  
GREENACRES, FL 33467

Name \_\_\_\_\_

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

City

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$236.25**  
**After January 1, 2009, Fee will be \$297.50**

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

10. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	JAKUBOSKI, JOSEPH	
STREET ADDRESS	201 SEA OATS DR APT 9A	
CITY-ST-ZIP	NORTH PALM BEACH, FL 334081467	

TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	BUSBY, JOHN F	
STREET ADDRESS	524 INLET RD	
CITY-ST-ZIP	NORTH PALM BEACH, FL 334084312	

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BOSCO, PETER	
STREET ADDRESS	501 GRAND BANKS RD	
CITY - ST - ZIP	PALM BEACH GARDENS, FL 334102191	

TITLE	T	<input type="checkbox"/> Delete
NAME	UCCELLO, SALVATOR	
STREET ADDRESS	3301 LUCRENE PARK DR. APT 1101	
CITY - ST - ZIP	LAKE WORTH, FL 334672091	

TITLE	<input type="checkbox"/> Delete
NAME	STATEMENT 08-0
STREET ADDRESS	
CITY - ST - ZIP	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	ROBERT WIJERSMA	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		11A AMHERST CT.		
STREET ADDRESS		ROYAL PALM BEACH FL 33411		
CITY-ST-ZIP				

TITLE	VP	NORMA ABADIA	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		406 RIVERSIDE DR		
STREET ADDRESS		PALM BEACH GARDEN FL		
CITY-ST-ZIP		33410		

TITLE	Adj	PATRICIA COCILLOVO	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		4234 EMERALD DESTA		
STREET ADDRESS		LAKE WORTH FL 33461		
CITY - ST - ZIP				

TITLE	700142351087 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	01/29/09-01005--010 **236.25
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	700142351087
STREET ADDRESS	01/29/09--01005--011 **61.25
CITY- ST- ZIP	

TITLE	7/2/10	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

Robert Wiegman

4 Feb. 2009 (561)373-4691

Date	Daytime Phone #
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