

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 754481

1. Entity Name

SUWANNEE MEMORIAL CHAPTER OF DISABLED AMERICAN V

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90010 008 ****61.25

Principal Place of Business

226 PARSHLEY ST
LIVE OAK FL 32060
US

Mailing Address

226 PARSHLEY ST
LIVE OAK FL 32060-2339
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 51-0169751

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~LOUD, WILLIAM R~~
~~2748C 41ST RD~~
~~BRANDFORD FL 32008~~

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

9095-137 RD

City LIVE OAK FL Zip Code 32060

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 CHARLIE CREWS Charlie Crews 3-9-2000
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete
NAME LOUD, WILLIAM
STREET ADDRESS 27486 41ST RD
CITY-ST-ZIP BRANDFORD FL 32008

TITLE COMMANDER ☒ Change ☐ Addition
NAME CHARLIE CREWS
STREET ADDRESS 9095-137 RD
CITY-ST-ZIP LIVE OAK FL 32060

TITLE VD ☐ Delete
NAME CHILDRESS, ROBERT C J
STREET ADDRESS 1007 SUWANNEE AVE
CITY-ST-ZIP LIVE OAK FL

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

TITLE SD ☐ Delete
NAME LOUD, WILLIAM R
STREET ADDRESS 27486 41ST RD
CITY-ST-ZIP BRADFORD FL 32008

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

TITLE TD ☒ Delete
NAME TAYLOR, CLEO V
STREET ADDRESS 11533 24TH ST
CITY-ST-ZIP LIVE OAK FL

TITLE TREASURER ☒ Change ☐ Addition
NAME WENDY J. JOSE
STREET ADDRESS 320 WALKER AVE N.W.
CITY-ST-ZIP LIVE OAK FL 32060-5031

TITLE D ☐ Delete
NAME EDMISTEN, JOHN
STREET ADDRESS 13582 92 ST
CITY-ST-ZIP LIVE OAK FL

TITLE D ☒ Change ☐ Addition
NAME CLEO V. TAYLOR
STREET ADDRESS 11533 24TH ST.
CITY-ST-ZIP LIVE OAK, FL.

TITLE ☐ Delete
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: CHARLIE CREWS 3-9-2000 904 362 1701
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)