

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 754481

1. Entity Name

SUWANNEE MEMORIAL CHAPTER OF DISABLED AMERICAN V

Principal Place of Business

226 PARSHLEY ST  
LIVE OAK FL 32060  
US

Mailing Address

226 PARSHLEY ST  
LIVE OAK FL 32060  
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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CREWS, CHARLIE  
9095-137 RD  
LIVE OAK FL 32060

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE C ☐ Delete  
NAME CREWS, CHARLIE  
STREET ADDRESS 9095 137 RD  
CITY-ST-ZIP LIVE OAK FL 32060

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

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 T ☐ Delete  
NAME JOSSI, WENDY J  
STREET ADDRESS 320 WALKER AVE NW  
CITY-ST-ZIP LIVE OAK FL 32060-5031

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

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

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

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

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:

SIGNATURE REQUIRED

Charlie Crews

2-15-01  
1-10-2001 904 362-1701

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)



DO NOT WRITE IN THIS SPACE