

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2002 8:00 am
Secretary of State

01-28-2002 90027 028 ****61.25

DOCUMENT # 754481

1. Entity Name

SUWANNEE MEMORIAL CHAPTER OF DISABLED AMERICAN VETERANS, INC.

Principal Place of Business

Mailing Address

**226 PARSHLEY ST
 LIVE OAK FL 32060
 US**

**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

4. FEI Number

51-0169751

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

**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

Cleo V. Taylor
 Signature, typed or printed name of registered agent and title if applicable.

Dr. Vice
 (NOTE: Registered Agent signature required when reinstating)

CLEO V. TAYLOR SR. VICE

1/11/02
 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 **TAYLOR, CLEO V**
 STREET ADDRESS **11533 24TH ST**
 CITY-ST-ZIP **LIVE OAK FL**

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

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

Cleo V. Taylor
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CLEO V. TAYLOR SR. VICE
 Date Daytime Phone #

CR2E037 (9/01)