

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90228 034 ****61.25

DOCUMENT # 758778

1. Entity Name

ANTHONY P. DADDI DISABLED AMERICAN VETERANS, CHAPTER 119, INC.

Principal Place of Business

Mailing Address

**4071 NORTHWEST 5TH STREET
COCONUT CREEK FL 33066**

**4071 NORTHWEST 5TH STREET
COCONUT CREEK FL 33066**

00043300

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2598766

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

**OFFICE, FRANK J.
4071 NORTHWEST 5TH STREET
COCONUT CREEK FL 33066**

**4071 NORTHWEST 5TH STREET
COCONUT CREEK FL 33066**

Name

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

City

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

59-2598766

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 **MS** NAME **OFFICE, FRANK J.** ☐ Delete
STREET ADDRESS **4071 NW 5 ST**
CITY-ST-ZIP **COCONUT CREEK FL**

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

TITLE **D** NAME **VIENS, JOSEPH W** ☐ Delete
STREET ADDRESS **3757 NW 35TH ST.**
CITY-ST-ZIP **COCONUT CREEK FL 33066**

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

TITLE **D** NAME **STEARNS, JACK** ☐ Delete
STREET ADDRESS **2216 SEAGRAPE CIR**
CITY-ST-ZIP **COCONUT CREEK FL 33066**

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

TITLE **P** NAME **TOOLEY, FRANK** ☐ Delete
STREET ADDRESS **4411 COCONUT CREEK BLVD**
CITY-ST-ZIP **COCONUT CREEK FL**

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

TITLE **D** NAME **ROSEN, ABRAHAM** ☒ Delete
STREET ADDRESS **3833 CARAMBOLA AVE.**
CITY-ST-ZIP **COCONUT CREEK FL**

TITLE **D** NAME **GARY J. CHRISTIE** ☐ Change ☒ Addition
STREET ADDRESS **2011 NW 70TH LANE**
CITY-ST-ZIP **MARGATE, FL 33063**

TITLE **T** NAME **RODES, DOUGLAS** ☐ Delete
STREET ADDRESS **18800 GARBO TERRACE 6**
CITY-ST-ZIP **BOCA RATON 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

FRANK J. OFFICE

01/28/02

(954) 974-0373

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)