

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90244 002 \*\*\*\*61.25

**DOCUMENT # 758778**

1. Entity Name

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



Principal Place of Business

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

Mailing Address

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

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 **59-2598766**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. 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 \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition  
NAME  
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CITY-ST-ZIP

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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 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Frank J. Orefice* **FRANK J OREFICE** 02/12/03 974-0373

CR2E037 (10/02)