

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 31, 2001 8:00 am**  
**Secretary of State**

07-31-2001 90014 009 \*\*\*\*61.25

**DOCUMENT # 759988**

1. Entity Name

**NEW SMYRNA BEACH DISABLED AMERICAN VETERANS CHAP 53** 

Principal Place of Business

Mailing Address

**2005 LAKE DR.  
P.O. BOX 722  
NEW SMYRNA BEACH FL 32170-7722**

**P O BOX 53  
P.O. BOX 722  
NEW SMYRNA BEACH FL 32170  
US**

00059942



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2001375**

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

**SAXON, STANLEY J.  
819 E 16TH AVE  
NEW SMYRNA BEACH FL 32169**

Name

**E. "BABE" LAURITANO**

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

**1805 SAXON DRIVE**

City

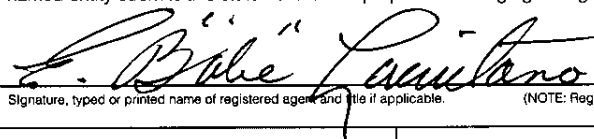
**NEW SMYRNA BEACH FL 32169**

**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**

**After September 12, 2001, min. will be \$236.25**

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 **KELLAT, JOHN P.**  
STREET ADDRESS **2648 EDGEWATER AVE**  
CITY-ST-ZIP **NEW SMYRNA BEACH FL 32168**

TITLE **PD** ☒ Change ☐ Addition  
NAME **RODNEY DUNN**  
STREET ADDRESS **3103 SAXON DR. NEW SMYRNA BCH. FL.**  
CITY-ST-ZIP **32169**

TITLE **VD** ☐ Delete  
NAME **MANCINO, SAL**  
STREET ADDRESS **428 SHOREWOOD LN**  
CITY-ST-ZIP **NEW SMYRNA BEACH FL 32168**

TITLE **VP** ☒ Change ☐ Addition  
NAME **CONNIE E. WHILLOCK**  
STREET ADDRESS **1326 SABAL PALM DR.**  
CITY-ST-ZIP **EDGEWATER, FL. 32132**

TITLE **VP** ☒ Delete  
NAME **JENKINS, MARION W**  
STREET ADDRESS **2927 MANGO TREE DR**  
CITY-ST-ZIP **EDGEWATER FL 32141**

TITLE **VD** ☒ Change ☐ Addition  
NAME **EDWARD MOORE**  
STREET ADDRESS **616 DORA ST.**  
CITY-ST-ZIP **NEW SMYRNA BCH. FL. 32168**

TITLE **VD** ☒ Delete  
NAME **LETOURNEAU, JOSEPH R.**  
STREET ADDRESS **2928 PINE TREE DR**  
CITY-ST-ZIP **EDGEWATER FL 32141**

TITLE **VD** ☒ Change ☐ Addition  
NAME **ROBERT HARMON**  
STREET ADDRESS **537. VARMADORE PLACE**  
CITY-ST-ZIP **OAK HILL FL. 32759**

TITLE **T** ☐ Delete  
NAME **WALTON, FRANCIS L.**  
STREET ADDRESS **97 CEDAR DUNES DRIVE**  
CITY-ST-ZIP **NEW SMYRNA BEACH FL 32169**

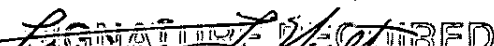
TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **SD** ☐ Delete  
NAME **GOLD, SHELDON H.**  
STREET ADDRESS **PO BOX 743**  
CITY-ST-ZIP **EDGEWATER FL 32132**

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



CR2E037 (5/01)