

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 765281

1. Entity Name

BEVERLY HILLS, CHAPTER 21, DISABLED AMERICAN VET

Principal Place of Business

Mailing Address

9838 BAYVIEW AVENUE
JACKSONVILLE FL 32208-1547

9838 BAYVIEW AVENUE
JACKSONVILLE FL 32208-1547

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

59-6196586

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

SCHOONOVER, JACKIE R
5617 N PEARL ST
JACKSONVILLE FL 32208

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 VD ☐ Delete
NAME SHAW, EUGENE
STREET ADDRESS 218 KIRK RD
CITY-ST-ZIP JACKSONVILLE FL

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

TITLE VD ☐ Delete
NAME ROYAL, JACOB
STREET ADDRESS 621 BIRD ROAD
CITY-ST-ZIP JACKSONVILLE FL 32218

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

TITLE ☒ Delete
NAME PAUL, DAN
STREET ADDRESS RT 5 BOX 9495
CITY-ST-ZIP HILLIARD FL

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

TITLE CD ☐ Delete
NAME SCHOONOVER, JACKIE
STREET ADDRESS 5617 N PEARL ST
CITY-ST-ZIP JACKSONVILLE FL 32208

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

TITLE D ☐ Delete
NAME DUBBERLY, THURMAN C
STREET ADDRESS 1433 JODIOR RD
CITY-ST-ZIP JACKSONVILLE FL 32218

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1433 JUNIOR RD
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME HEDGEPEETH, CALVIN H
STREET ADDRESS 3945 PITTMAN DR E
CITY-ST-ZIP JACKSONVILLE FL 32209

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/00 904-733-1295
Date Daytime Phone #

CR2E037 (9/99)