

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F97000004721**

1. Entity Name

DISABLED VETERANS ASSOCIATIONS, INC.

Principal Place of Business

Mailing Address

14701 DETROIT RD., #369
LAKEWOOD OH 4410714701 DETROIT RD., #369
LAKEWOOD OH 44107-4180

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

34-1839272

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PDC	COLEY, MICHAEL	14701 DETROIT RD., #369	LAKEWOOD OH 44107	<input type="checkbox"/>
S	VLAK-COLEY, ALEXANDRA	14701 DETROIT RD., #369	LAKEWOOD OH 44107	<input type="checkbox"/>
D	MAHONEY, MIKEL	14701 DETROIT RD #369	LAKEWOOD OH 44107	<input type="checkbox"/>
D	VICKERTS, ROBERT	14701 DETROIT RD #369	LAKEWOOD OH 44107	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Michael Coley* MICHAEL COLEY 2/25/00 (216) 228-3175**FILED**
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90112 019 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)