

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00401

1. Entity Name

MILITARY ORDER OF THE PURPLE HEART, CHARLES F. S

Principal Place of Business

Mailing Address

9901 S.E. HWY. 314
SILVER SPRINGS FL 34488

9901 S.E. HWY. 314
SILVER SPRINGS FL 34488-2350

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARNOLD, FORREST B
9901 S.E. HWY. 314
SILVER SPRINGS FL 34488

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	C	<input type="checkbox"/> Delete
NAME	WILKINSON, RAY	
STREET ADDRESS	361 NE 63RD CT	
CITY-ST-ZIP	SILVER SPRINGS FL	
TITLE	SVC	<input type="checkbox"/> Delete
NAME	BATTILLO, JAMES	
STREET ADDRESS	BOX 419	
CITY-ST-ZIP	ORANGE SPRG FL	
TITLE	ADJ	<input type="checkbox"/> Delete
NAME	WASHBISH, DON	
STREET ADDRESS	3436 S.E.-5TH PLACE	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARAFANO, CHARLES	
STREET ADDRESS	1885 VAN ALLEN CIR	
CITY-ST-ZIP	DELTONA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ARNOLD, FORREST	
STREET ADDRESS	9900 SE C-314 BOX 167	
CITY-ST-ZIP	SILVER SPRINGS FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	ARNOLD, FORREST B	
STREET ADDRESS	9901 S.E. HWY. 314	
CITY-ST-ZIP	SILVER SPRINGS FL 34488	

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90174 016 ****61.25

00004780



DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E037 (9/99)

12 Jan. '2000

Date

Daytime Phone #