

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90179 017 ****61.25

DOCUMENT # N05034

1. Entity Name
CHAPTER #20, DISABLED AMERICAN VETERANS, DEPARTM

| | |
|---|--|
| Principal Place of Business V.A.M.C. SO. MARION ST P.O. BOX 1596 LAKE CITY FL 32056 | Mailing Address V.A.M.C. SO. MARION ST P.O. BOX 1596 LAKE CITY FL 32056-1596 |
|---|--|



DO NOT WRITE IN THIS SPACE

| | | | | | | | |
|--------------------------------|---------|---------------------|---------|---|--|---------------------------------------|--|
| 2. Principal Place of Business | | 3. Mailing Address | | 4. FEI Number 59-2301846 | | Applied For | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | Not Applicable | |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| Zip | Country | Zip | Country | | | | |

| | | | | | | | |
|--|--|--|--|--|--|----------|--|
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | |
| SCOTT, DENNIS RR 20 BOX 1076 LK CITY FL 32055 | | | | 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: _____ (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 | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | D BARRACCA, FLORE | NAME | |
| STREET ADDRESS | 7 DOGWOOD CIRCLE | STREET ADDRESS | |
| CITY-ST-ZIP | LAKE CITY FL 32056 | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TD LAFASO, GARY Sr. | NAME | |
| STREET ADDRESS | RR 9 BOX 10 | STREET ADDRESS | |
| CITY-ST-ZIP | LAKE CITY FL 32024 | CITY-ST-ZIP | |
| TITLE | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | D LAPLANT, PHILLIP | NAME | D Willie Merrell |
| STREET ADDRESS | RT3, BOX 437 | STREET ADDRESS | 3215 GREG ST |
| CITY-ST-ZIP | LAKE CITY FL 32025 | CITY-ST-ZIP | LAKE CITY, FL 32024 |
| TITLE | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | D NIX, JAMES | NAME | |
| STREET ADDRESS | RR1 BOX 510 | STREET ADDRESS | |
| CITY-ST-ZIP | LK CITY FL 32055 | CITY-ST-ZIP | |
| TITLE | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | T HORNE, RICHARD | NAME | |
| STREET ADDRESS | US 441 N, POB 1363 N/A | STREET ADDRESS | |
| CITY-ST-ZIP | LAKE CITY FL 32056 | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | D SHULTS, RODNEY | NAME | |
| STREET ADDRESS | RR #2, BOX 3164 | STREET ADDRESS | |
| CITY-ST-ZIP | GLEN ST MARYS FL 32040 | 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* DATE: April 19, 2000 DAYTIME PHONE #: 904-758-5629

CR2E037 (9/99)