

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N05335

1. Entity Name

MORRIS C. CLARK CHAPTER #6 DISABLED AMERICAN VET

Principal Place of Business

46 MASTERS DR
ST AUGUSTINE FL 32095
US

Mailing Address

705 SEGOVIA RD.
ST AUGUSTINE FL 32086-6457
US

2. Principal Place of Business

~~46 MASTERS DR~~ SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2190032

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

LOOK, EDITH M
705 SEGOVIA RD.
ST AUGUSTINE FL 32086

7. Name and Address of New Registered Agent

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

Edith M. Look

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-6-2000

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

TITLE: CP
NAME: PRATT, ETHEL I
STREET ADDRESS: 473 S HORSESHOE RD
CITY-ST-ZIP: ST AUGUSTINE FL 32095 ☒ Delete

TITLE: D
NAME: REIMER, NEIL
STREET ADDRESS: 7 HILDRETH DR
CITY-ST-ZIP: ST AUGUSTINE FL ☒ Delete

TITLE: D
NAME: ZIERS, CHARLES F
STREET ADDRESS: 17 LEONARD ST. S.
CITY-ST-ZIP: ST AUGUSTINE FL 32095 ☐ Delete

TITLE: D
NAME: LOOK, EDITH
STREET ADDRESS: 7055 SEGOVIA RD.
CITY-ST-ZIP: ST AUGUSTINE FL 32086 ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: COMMANDER
NAME: EDITH LOOK
STREET ADDRESS: 705 SEGOVIA RD
CITY-ST-ZIP: ST AUGUSTINE, FL 32086 ☒ Change ☐ Addition

TITLE: SR VICE COMMANDER
NAME: CHARLES F. ZIERS
STREET ADDRESS: 17 LEONARD ST. S.
CITY-ST-ZIP: ST AUGUSTINE, FL 32095 ☒ Change ☐ Addition

TITLE: TREASURER/ADJUTANT
NAME: MATTHEW E. NEWMAN
STREET ADDRESS: 705 SEGOVIA RD
CITY-ST-ZIP: ST AUGUSTINE, FL 32086 ☐ Change ☒ Addition

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

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

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

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 J. ... REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-6-2000 (904) 794-7143

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90186 018 ****61.50



DO NOT WRITE IN THIS SPACE