

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N10113

1. Entity Name

LARGO CHAPTER #143 DISABLED AMERICAN VETERANS IN

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90045 050 ****61.25

Principal Place of Business

Mailing Address

SERVICE CITIZENS BLDG
LARGO FL 34649
US

P.O. BOX 5265
LARGO FL 33779-5265

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

31-1107890

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

EDINGTON, LAWRENCE
19029 US HWY 19 N
B 9, #609
CLEARWATER FL 33764

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 ☐ Delete
NAME C
STREET ADDRESS EDINGTON, LAWRENCE
CITY-ST-ZIP 19029 US HWY 19 N, B8 #609
CLEARWATER FL 33764

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

TITLE ☐ Delete
NAME DES
STREET ADDRESS POWLEY, MARY M.
CITY-ST-ZIP 100 BLUFFVIEW DR
BELLEAIR BLUFFS FL

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

TITLE ☐ Delete
NAME TD
STREET ADDRESS MALONE, HAROLD E.
CITY-ST-ZIP 7360 ULMERTON RD
LARGO FL

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

TITLE ☐ Delete
NAME T
STREET ADDRESS BROOKS, MARK D
CITY-ST-ZIP 12191 77 ST N
LARGO FL 33773

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

TITLE ☐ Delete
NAME D
STREET ADDRESS FICI, ANTHONY
CITY-ST-ZIP 1113 3RD AVENUE NW
LARGO FL 33770

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

TITLE ☐ Delete
NAME D
STREET ADDRESS HOEL, KENNETH F. S
CITY-ST-ZIP 1071 DONEGAN RD. #1520
LARGO FL 33771

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: Lawrence Edington **ED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3 April 2000 727-524-6840
Date Daytime Phone #

CR2E037 (9/99)