

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2001 8:00 am**  
**Secretary of State**

02-21-2001 90012 041 \*\*\*\*\*61.25

0064938

**DOCUMENT # N10113**

1. Entity Name

**LARGO CHAPTER #143 DISABLED AMERICAN VETERANS IN**

Principal Place of Business

SERVICE CITIZENS BLDG  
 LARGO FL 34649  
 US

Mailing Address

P.O. BOX 5265  
 LARGO FL 34649

2. Principal Place of Business

**Largo Elks Lodge**

3. Mailing Address

Suite, Apt. #, etc.  
**810 16th Avenue, SE**

Suite, Apt. #, etc.

City & State  
**Largo, FL.**

City & State

Zip  
**33771**

Country  
**USA**

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

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

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

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

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

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

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition  
 NAME **McCoy, Charles**  
 STREET ADDRESS **11200 102nd Ave, N. Apt. 127**  
 CITY-ST-ZIP **Largo, FL. 33778**

TITLE ☒ Change ☐ Addition  
 NAME **D/S**  
 STREET ADDRESS **Edington, Lawrence**  
 CITY-ST-ZIP **19029 US HWY 19 N. B-9 #609**  
**Clearwater, FL. 33764**

TITLE ☒ Change ☐ Addition  
 NAME **D**  
 STREET ADDRESS **Huff, Millard**  
 CITY-ST-ZIP **12845 Ridge Road**  
**Largo, FL. 33778**

TITLE ☒ Change ☐ Addition  
 NAME **T.**  
 STREET ADDRESS **Malone, Harold**  
 CITY-ST-ZIP **7360 Ulmerton Rd. #28-F**  
**Largo, FL. 33771**

TITLE ☐ Change ☐ Addition  
 NAME **D**  
 STREET ADDRESS **Morton, William G.**  
 CITY-ST-ZIP **14255 Rosemary Lane, #8322**  
**Largo, FL. 33774**

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**06/02/01 727-524-6840**

Date Daytime Phone #

CR2E037 (10/00)