

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90016 044 ****70.00

DOCUMENT # N25839

1. Entity Name

LEE COUNTY JOINT VETERANS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2452 THOMPSON ST FT MYERS FL 33901 US	2452 THOMPSON ST. FT. MYERS FL 33901-3074 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number	Applied For
65-0173650	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SLOCUM, JOHN T.
2452 THOMPSON ST
FT. MYERS FL 33901

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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	TD	TITLE	VP & DIR.
NAME	HAVERTY, PHILIP	NAME	VICTOR Oldenburg
STREET ADDRESS	4110 S.E. 2ND AVE.	STREET ADDRESS	14157 CARIBBEAN BL.
CITY-ST-ZIP	CAPE CORAL FL 33904	CITY-ST-ZIP	FORT MYERS, FL 33905
TITLE	P	TITLE	SECRETARY & DIR.
NAME	CHAMBELLAN, RENE	NAME	R. M. STONE
STREET ADDRESS	5095 SORRENTO COURT	STREET ADDRESS	13140 BURNINGTREE AVE.
CITY-ST-ZIP	CAPE CORAL FL 33904	CITY-ST-ZIP	FORT MYERS, FL 33919
TITLE	SD	TITLE	PRESIDENT & DIR.
NAME	RICH, CLASEY	NAME	CLANCY RICH
STREET ADDRESS	5246 TIFFANY CT	STREET ADDRESS	5246 TIFFANY CT.
CITY-ST-ZIP	CAPE CORAL FL 33904	CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	VP	TITLE	
NAME	KAHLER, ROBERT	NAME	
STREET ADDRESS	2814 6TH ST. W.	STREET ADDRESS	
CITY-ST-ZIP	LEHIGH ACRES FL 33936	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	ELLIOTT, GERALD	NAME	
STREET ADDRESS	202 N.W. 18TH PLACE	STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	CITY-ST-ZIP	
TITLE	DA	TITLE	
NAME	KING, DAN	NAME	
STREET ADDRESS	5531 BUHMAN RD	STREET ADDRESS	
CITY-ST-ZIP	N FT MYERS FL	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: SIG. R. M. STONE SECRETARY 02-22-00 466-3284

CR2E037 (9/99)