

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N27100**

1. Entity Name

CHAPTER #110, DISABLED AMERICAN VETERANS, DEPART

Principal Place of Business

**C.E.L. CHURCH
5309 U.S. HIGHWAY 41
APOLLO BEACH FL 33572
US**

Mailing Address

**PO BOX 1355
RIVERVIEW FL 33569**

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

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WAREHIME, REASON F
10723 BURRITO DR
RIVERVIEW FL 33569**

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 **REASON F. WAREHIME****Feb. 6, 2001**

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	D	<input type="checkbox"/> Delete
NAME	EDWARDS, AL	
STREET ADDRESS	710 THUNDERBIRD DR	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HILTON, JAMES E	
STREET ADDRESS	744 OCEANSIDE CT	
CITY-ST-ZIP	RUSKIN FL 33570	

TITLE	D	<input type="checkbox"/> Delete
NAME	FAULKNER, BUSTER E	
STREET ADDRESS	2027 SARAH LOUISE DR	
CITY-ST-ZIP	BRANDON FL	

TITLE	D	<input type="checkbox"/> Delete
NAME	WAREHIME, REASON F	
STREET ADDRESS	10723 BURRITO DRIVE	
CITY-ST-ZIP	RIVERVIEW FL	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SNYDER, RICHARD B	
STREET ADDRESS	2017 EL RANCHO DR	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	

TITLE	D	<input type="checkbox"/> Delete
NAME	MCCRACKEN, WILLIAM J	
STREET ADDRESS	3705 GAVIOTA DR	
CITY-ST-ZIP	RUSKIN FL 33573	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARLES R. VANCE	
STREET ADDRESS	18047 hwy. 672	
CITY-ST-ZIP	Lithia, FL. 33547	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERNEST F. GARNETT	
STREET ADDRESS	2203 Preservation Green Court	
CITY-ST-ZIP	Sun City Center, FL. 33573	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

REASON F. WAREHIME
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**(813) 677-6241****Feb. 6, 2001**
Date Daytime Phone #**FILED**
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90032 020 ****61.25



DO NOT WRITE IN THIS SPACE

C-17439

CR2E037 (10/00)