

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90453 043 ****61.25

DOCUMENT # N28025

1. Entity Name

**THE AMERICAN EX-PRISONERS OF WAR BARBED WIRE SEM
INOLE CHAPTER INC.**

Principal Place of Business

Mailing Address

**3145 LAS OLAS DRIVE
DUNEDIN FL 34698
US****3145 LAS OLAS DR
DUNEDIN FL 34698
US**

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

59-2326900

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

**CSEH, LETTIE
3145 LAS OLAS DRIVE
DUNEDIN FL 34698**

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

*Lettie Cseh***LETTIE CSEH, TREASURER****APRIL 8, 2002**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. 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 **VC** ☐ Delete
NAME **CSEH, JOSEPH**
STREET ADDRESS **3145 LAS OLAS DRIVE**
CITY-ST-ZIP **DUNEDIN FL 34698**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **CMD** ☐ Delete
NAME **HITCHCOCK, JOANNA**
STREET ADDRESS **415 GRANT STREET**
CITY-ST-ZIP **DUNEDIN FL 34698**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **SVC** ☒ Delete
NAME **MULLAUER, ROBERT**
STREET ADDRESS **530 CHICAGO AVENUE**
CITY-ST-ZIP **DUNEDIN FL 34698**TITLE **SVC** ☒ Change ☐ Addition
NAME **TICE, GEORGE A**
STREET ADDRESS **2292 Costa Rican Drive #20**
CITY-ST-ZIP **Clearwater, FL 33763**TITLE **DT** ☐ Delete
NAME **CSEH, LETTIE**
STREET ADDRESS **3145 LAS OLAS DR**
CITY-ST-ZIP **DUNEDIN FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **AD** ☐ Delete
NAME **BILLIG, JEAN E.**
STREET ADDRESS **1008 S SAN REMO AVE**
CITY-ST-ZIP **CLEARWATER FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **LIVINGSTONE, ROY E**
STREET ADDRESS **1561 GLEN HOLLOW LANE SOUTH**
CITY-ST-ZIP **DUNEDIN FL 34698**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: *Lettie Cseh***LETTIE CSEH, TREASURER****04/08/02****(727) 786-8009**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)