

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 03, 2002 8:00 am**  
**Secretary of State**

06-03-2002 91208 023 \*\*\*\*61.25

**DOCUMENT # N34344**

1. Entity Name

**GREATER SOUTH OCALA CHAPTER #149, DISABLED AMERICAN VETERANS, DEPARTMENT OF FLORIDA, INCORPORATE**

Principal Place of Business

Mailing Address

C/O ROBERT CHILDS  
 1110 N.E. 63RD RD. ST.  
 OCALA FL 34479

C/O ROBERT CHILDS  
 1110 N.E. 63RD RD. ST.  
 OCALA FL 34479

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CHILDS, ROBERT**  
**1110 N.E. 63RD RD. ST.**  
**OCALA FL 34479**

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	CCD	<input checked="" type="checkbox"/> Delete
NAME	CHILDS, ROBERT	
STREET ADDRESS	1110 N.E. 63RD RD. ST.	
CITY-ST-ZIP	OCALA FL 34479	
TITLE	CSVD	<input checked="" type="checkbox"/> Delete
NAME	CALISSI, RICK	
STREET ADDRESS	4545 S.E. 62ND ST.	
CITY-ST-ZIP	OCALA FL 34480	
TITLE	CAD	<input type="checkbox"/> Delete
NAME	COPELAND, DONALD	
STREET ADDRESS	3 MIDWAY TR. PL.	
CITY-ST-ZIP	OCALA FL 34472	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	CCD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SALVATORE STANZIONE	
STREET ADDRESS	17601 VETERANS WAY	
CITY-ST-ZIP	Micanopy, FL 32667	
TITLE	CSVD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LESCH, DONALD	
STREET ADDRESS	2870 N.E. 63rd. St.	
CITY-ST-ZIP	OCALA, FL 34479	
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		<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		

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:

*Donald L. Copeland*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/29/02 352-6873569  
 Daytime Phone #

CR2E037 (9/01)