

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90001 011 ****61.25

DOCUMENT # N35109

1. Entity Name

CHINA-BURMA-INDIA VETERANS ASSOCIATION OF FLA. INC.

Principal Place of Business

Mailing Address

**8009 SUMMERBREEZE TERR
 SPRING HILL, FL.
 34606-4442**

**P.O. BOX 6894
 SPRING HILL, FL.
 34611-6894**

2. Principal Place of Business

3. Mailing Address

**2295 COMO ST.
 Suite, Apt. #, etc.**

**P.O. BOX 380280
 Suite, Apt. #, etc.**

City & State
PORT CHARLOTTE, FL.

City & State
MURDOCK, FL.

4. FEI Number
59-2987473

Applied For
 Not Applicable

Zip
33948

Country

Zip
33938-0280

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

C0039340

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HUDSON, ELWOOD P.
 2295 COMO ST.
 PORT CHARLOTTE, FL. 33948**

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 **ELWOOD P. HUDSON**

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

(NOTE: Registered Agent signature required when reinstating)

DATE **2/20/2000**

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

| 10. OFFICERS AND DIRECTORS | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |
|---|---|
| TITLE: D NAME: JEROME J. HEGER STREET ADDRESS: 803 MONCLAIR CT. CITY-ST-ZIP: CAPE CORAL, FL. 33904 <input type="checkbox"/> Delete | TITLE: D NAME: ALBERT O. WILKAT STREET ADDRESS: 7520 N.W. 7TH ST. CITY-ST-ZIP: PLANTATION, FL. 33317-1010 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: D NAME: ELWOOD P. HUDSON STREET ADDRESS: P.O. BOX 380280 CITY-ST-ZIP: MURDOCK, FL. 33938 <input type="checkbox"/> Delete | TITLE: D NAME: JOHN MILLONIG STREET ADDRESS: 103 PALM SPRINGS DR. CITY-ST-ZIP: LONGWOOD, FL. 32750-6838 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: D NAME: RUSSELL J. MEDIN STREET ADDRESS: 1356 KINGSWOOD CT. CITY-ST-ZIP: FT. MYERS, FL. 33919 <input type="checkbox"/> Delete | TITLE: D NAME: LEE CHALIFOUR STREET ADDRESS: 131 S. E. COLONIAL DR. CITY-ST-ZIP: PORT CHARLOTTE, FL. 33952 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: D NAME: JAMES LUCAS STREET ADDRESS: 2836 BONGART RD. CITY-ST-ZIP: WINTER PARK, FL. 32792 <input type="checkbox"/> Delete | TITLE: D NAME: NORMAN S. COLLARD STREET ADDRESS: 3833 PENWICK DR. CITY-ST-ZIP: NEW PORT RICHEY, FL. 34652 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: D NAME: JOHN E. CASEY STREET ADDRESS: 6323 17TH PL. CITY-ST-ZIP: ST. PETERSBURG, FL. 33710 <input type="checkbox"/> Delete | TITLE: D NAME: DONALD J. ADCOCK STREET ADDRESS: 1174 MUSCOVY DR. CITY-ST-ZIP: SPRING HILL, FL. 34608-7412 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: D NAME: LOWELL C. SIMPSON STREET ADDRESS: 1469 MAGELLAN CT. CITY-ST-ZIP: ORLANDO, FL. 32818 <input type="checkbox"/> Delete | TITLE: D NAME: LEON LENNERTZ STREET ADDRESS: 2922 MADRID AVE. CITY-ST-ZIP: JACKSONVILLE, FL. 32217-2764 <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: **ELWOOD P. HUDSON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

941-625-7912

CR2E037 (9/99)



China-Burma-India Veterans Association of Florida

P.O. BOX 380280
MURDOCK, FL. 33938

THE FOLLOWING LIST COMPLETES THE
LIST OF OUR BOARD OF DIRECTORS:

- D. DUDLEY E. DAVIS
3178 EDGEMOOR DR.
PALM HARBOR, FL. 34685-1707
- D. J.J. O'BRIEN
6721 BAKERSFIELD DR.
JACKSONVILLE, FL. 32210-1114
- D. JACK FROST
5123 9TH ST. W.
BRADENTON, FL. 34207-2506
- D. RICHARD DEANE HODGE
1309 N.W. 28TH ST.
GAINESVILLE, FL. 32605-5004
- D. MILO BAUSER
1625 ARIANA ST. LOT 199
LAKELAND, FL. 33803-1766
- D. FRANK KUNZE
390 MYRTLEWOOD DR.
MELBOURNE, FL. 32940-7760
- D. RICHARD MURCH
140 SOUTHERLY LA.
ORANGE PARK, FL. 32073-8180
- D. MARCELLE JONES, SECTY.
1625 ARIANA ST. LOT 45
LAKELAND, FL. 33803-1761
- D. D. THOMAS EGGLESTON
3573 HERMITAGE RD. E.
JACKSONVILLE, FL. 32277-2650
- ELWOOD P. HUDSON
REGISTERED AGENT
FL. DEPT. C.B.I.V.A., INC.