

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N41202

1. Entity Name

SOUTHEASTERN CHAPTER, 88TH INFANTRY DIVISION ASS

Principal Place of Business

1362 BROOKSIDE DR
VENICE FL 34292
US

Mailing Address

51362 BROOKSIDE DR
VENICE FL 34292
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

59-3050969

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

SAPHIER, LAWRENCE
1362 BROOKSIDE DR
VENICE FL 34292

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

Lawrence Saphier
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 PD
NAME GOFF, JOHN ☒ Delete
STREET ADDRESS 152 HARRIS ST
CITY-ST-ZIP MCDONOUGH GA 30253-2136

TITLE PD
NAME JOSEPH MURPHY ☒ Change ☐ Addition
STREET ADDRESS 3622 BOLD BOLDER DR.
CITY-ST-ZIP LEXINGTON, KY 40517-3546

TITLE VD
NAME CAMPBELL, JOHN ☐ Delete
STREET ADDRESS 3163 PINE LAKE LN
CITY-ST-ZIP KENNESAW GA 30144-3057

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME PALMA, ANTHONY M. ☐ Delete
STREET ADDRESS 8625 SEACREST DR
CITY-ST-ZIP VERO BCH FL 32963

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD
NAME SAPHIER, LAWRENCE ☐ Delete
STREET ADDRESS 1362 BROOKSIDE DR
CITY-ST-ZIP VENICE FL 34292

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD
NAME WISSEL, RAYMOND C ☐ Delete
STREET ADDRESS 3604 JANLIN CT
CITY-ST-ZIP CINCINNATI OH 45211-6306

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME SHELL, JOHN B ☐ Delete
STREET ADDRESS 2735 VALVEDERE DRIVE, NE
CITY-ST-ZIP ATLANTA GA

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: *Lawrence Saphier* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE 4/19/00 DAYTIME PHONE # 941 484 3834

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90131 004 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)