

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N41202

1. Entity Name

SOUTHEASTERN CHAPTER, 88TH INFANTRY DIVISION ASS

**FILED**  
**Feb 06, 2001 8:00 am**  
**Secretary of State**

02-06-2001 90304 041 \*\*\*\*61.25

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

1362 BROOKSIDE DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

VENICE, FL

Zip

Country

Zip

Country

34292

U.S.

4. FEI Number

59-3050969

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SAPHIER, LAWRENCE  
1362 BROOKSIDE DR  
JENCIE FL 34292

Name

Street Address (P.O. Box Number is Not Acceptable)

City

VENICE

FL

Zip Code

34292

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 PD ☐ Delete  
NAME MURPHY, JOSEPH  
STREET ADDRESS 3622 BOLD BIDDER DR  
CITY-ST-ZIP LEXINGTON KY 40517-3546

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

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

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

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

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

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

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

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

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

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

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:

*Signature Required*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/31/01

941 484 3834

CR2E037 (10/00)