

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N42047

1. Entity Name

POLK COUNTY CHAPTER NO. 28, DISABLED AMERICAN VE

Principal Place of Business

303 VETERANS AVE
LAKELAND FL 33801

Mailing Address

303 VETERANS AVE
LAKELAND FL 33815-4373

2. Principal Place of Business

303 Veterans Ave

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

LAKELAND, FL.

City & State

Zip

Country

33815-4373

4. FEI Number

59-6196584

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAROWITZ, MURRAY W
2660 LANTANA DR.
LAKELAND FL 33801

7. Name and Address of New Registered Agent

Name TOM JOHNSON

Street Address (P.O. Box Number is Not Acceptable)
1367 BARNHORST Rd

City

BARTOW, FL.

FL

Zip Code

33830

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 of individual or named name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-20-00

1-20-00

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

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	HOROWITZ, MURRAY W	
STREET ADDRESS	2660 LANTANA LN	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, TOM	
STREET ADDRESS	1367 BRANHORST RD	
CITY-ST-ZIP	BARSTOW FL 33830	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	SIEGEL, JAY G	
STREET ADDRESS	5510 LORRAINE ST.	
CITY-ST-ZIP	LAKELAND FL 33810	
TITLE	TT	<input checked="" type="checkbox"/> Delete
NAME	SOLAS, MARY LEE	
STREET ADDRESS	3847 COUNTRY LOOP E.	
CITY-ST-ZIP	LAKELAND FL 33811	
TITLE	T/D	<input type="checkbox"/> Delete
NAME	WALKER, WADE	
STREET ADDRESS	1933 RIDGE MEADOW DR	
CITY-ST-ZIP	LAKELAND FL 33809	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	WALES, MARY JO	
STREET ADDRESS	P O BOX 282	
CITY-ST-ZIP	EAGLE LAKE FL 33839	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, TOM	
STREET ADDRESS	1367 BARNHORST Rd	
CITY-ST-ZIP	BARTOW, FL 33830	
TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PASSWATER, George	
STREET ADDRESS	308 White Cliff Blvd	
CITY-ST-ZIP	Hubmandale, FL. 33823	
TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRUMBLEY, WAYNE	
STREET ADDRESS	102 EL CAMBA MHP	
CITY-ST-ZIP	LAKELAND, FL. 33815	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HENDERSON, RAY	
STREET ADDRESS	5542 HARVEY TEW Rd	
CITY-ST-ZIP	Plant City, FL 33565	
TITLE	TD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALKER, WADE	
STREET ADDRESS	309 W. Daughtery Rd	
CITY-ST-ZIP	LAKELAND, FL 33809	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NISONGER, Kenneth B.	
STREET ADDRESS	4805 Young Ridge Ct.	
CITY-ST-ZIP	LAKELAND, FL. 33810	

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 *Ray Henderson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-20-00 (863) 687-4885

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90006 030 ****70.00



DO NOT WRITE IN THIS SPACE