**2001 UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # NA2047

1. Entity Name  POLK COUNTY CHAPTER NO. 28, DISABLED AMERICAN VE				Secretary of State 01-22-2001 90120 050 ****70.00					
Principal Pla	ace of Business	Mailing Address							
303 VETERANS AVE LAKELAND FL 38801 LAKELAND FL 38801				กักกอล21					
				F 10 8 F 10 8 F 10 8	18 (1811 - 1811) 8 (1811 - 1811 - 1811 - 1811 - 1811 - 1811 - 1811 - 1811 - 1811 - 1811 - 1811 - 1811 - 1811	4 5   1 2   0	IDN AFBILIAAN		
	Place of Business Veterans Ave	3. Mailing Address	<u>.</u>						
Suite, Apt		Suite, Apt. #, etc.			OO NOT WRITE IN THIS S	PACE			
City & State LAKELAND, FL,		City & State		4. FEI Number NOT APPLICABLE Applied For Not Applicable				]	
Zip 33865-	Country	Zip 33845-4373	Country USA	5. Certificate of Stat	us Desired	\$8.75 Add	ditional	ĺ	
	6. Name and Address of Current I	<u>.                                      </u>		7. Name and Addre	ss of New Registered A	•		ĺ	
·			Name ()	OLGE PI	ASSWATER				
HAROWITZ, MURRAY W				Street Address (P.O. Box Number is Not Acceptable)					
2660 LANTANA DR. LAKELAND FL 33801			308 white	Criff BIC					
8. The above named entity submits this statement for the purpose of changing its required.			City Aug	CURNDALE.	FL	Zip Code 338	23.		
SIGNATUR	Signature type reposition agent a		Registered Agent signature requ		1-08.	-01			
	FILE NOW: FEE IS \$61.25	9. Election Campaign F Trust Fund Contribut	. Υ Ψ	i.00 May Be ded to Fees	Make Check P Department				
10.	OFFICERS AND DIR		11.		TO OFFICERS AND DIR	ECTORS IN		_	
TITLE NAME	DP TOWN	Delete	TITLE DP C	eorge Passu 08 Whitech	vater	Change	☐ Addition	(10/00)	
STREET ADDRESS	JOHNSON, TOM 1367 BACNHORST RD		NAME STREET ADDRESS 3	of whitech	ift BLVd			٤	
CITY-ST-ZIP	BARTOW FL 33830		CITY-ST-ZIP	y bur NOALE	E/ 22	82.3		37	
TITLE	DVP	Delete	1710		ADE	Change	Addition	CR2E037	
NAME	PASSWATER, GEORGE	El Delete		,		Change	Magaritan	ပ	
STREET ADDRESS	308 WHITECLIFF BLVD		STREET ADDRESS	9 W. DAUG	NTERY KA				
CITY-ST-ZIP	AUBURNDALE FL 33823		CITY-ST-ZIP L	akeland F	1 33809				
TITLE	DVP	Delete	TITLE TO P	·		Change	☐ Addition		
NAME STREET ADDRESS -	BRUMBLEY, WAYNE		NAME	ELCAND	MAYNO -		المناورات بعيد		
CITY-ST-ZIP	-102 ES CAMBA MHP		STREET ADDRESS 70						
TITLE	S	☐ Delete		KELAND, E	1 338/5	<del></del>			
NAME	HENDERSON, RAY	Detete	TITLE &	enderson	RAV	Change	☐ Addition		
STREET ADDRESS	5542 HARVEY TEW RD		STREET ADDRESS	542 HACKE	Tend Rd				
CITY-ST-ZIP	PLANT CITY FL 33565	<i>p</i>	CITY-ST-ZIP	LANT CITY,	FL 33560	-	ĺ		
TITLE	T/D	Delete	TITLE DVP 1	,		Change	☐ Addition		
NAME PERCET ADDRESS	WALKER, WADE		NAME	/ / / -			]		
STREET ADDRESS CITY-ST-ZIP	1933 RIDGE MEADOW DR			L37 DAWN		,			
GITT-OT-EIF	I LAKELAND FL 33809		CITY-ST-ZIP	tkel And	<i>FL 3</i> 38//	<i>'</i>	(		
TITLE	T								
TITLE NAME	T	☐ Delete	TITLE	,		☐ Change	Addition		
TITLE NAME STREET ADDRESS	T NISONGER, KENNETH B	☐ Delete	NAME	· · · · · · · · · · · · · · · · · · ·		☐ Change	Addition		
NAME	T	☐ Delete				☐ Change	Addition		

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: