

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2002 8:00 am
Secretary of State

01-29-2002 90041 008 ****61.25

DOCUMENT # N42047

1. Entity Name

POLK COUNTY CHAPTER NO. 28, DISABLED AMERICAN VETERANS, DEPARTMENT OF FLORIDA, INCORPORATED

Principal Place of Business

Mailing Address

**303 VETERANS AVE
 LAKELAND FL 33815-4373**

**303 VETERANS AVE
 LAKELAND FL 33815-4373**

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

NOT APPLICABLE

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

**PASSWATER, GEORGE
 308 WHITE CLIFF BLVD
 AUBURNDALE FL 33823**

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

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 ☐ Delete
 NAME **DP**
 STREET ADDRESS **PASSWATER, GEORGE**
 CITY-ST-ZIP **308 WHITECLIFF BLVD
 AUBURNDALE FL 33823**

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

TITLE ☐ Delete
 NAME **DVP**
 STREET ADDRESS **WALKER, WADE**
 CITY-ST-ZIP **309 W DAUGHTERY RD
 LAKELAND FL 33809**

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

TITLE ☐ Delete
 NAME **DVP**
 STREET ADDRESS **BRUMBLEY, WAYNE**
 CITY-ST-ZIP **102 EL CAMBA MHP
 LAKELAND FL 33815**

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

TITLE ☒ Delete
 NAME **S**
 STREET ADDRESS **HENDERSON, RAY**
 CITY-ST-ZIP **5542 HARVEY TEW RD
 PLANT CITY FL 33565**

TITLE ☒ Change ☐ Addition
 NAME **S**
 STREET ADDRESS **HARVEY H. WARREN**
 CITY-ST-ZIP **6923 SCENIC HILLS BLVD
 LAKELAND, FL 33810-2670**

TITLE ☐ Delete
 NAME **DVP**
 STREET ADDRESS **LINDSEY, ROBERT**
 CITY-ST-ZIP **1237 DAWN CT
 LAKELAND FL 33811**

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

TITLE ☒ Delete
 NAME **T**
 STREET ADDRESS **NISONGER, KENNETH B**
 CITY-ST-ZIP **4805 YOUNG RIDGE CT
 LAKELAND FL 33810**

TITLE ☒ Change ☐ Addition
 NAME **T**
 STREET ADDRESS **HARVEY H. WARREN**
 CITY-ST-ZIP **6923 SCENIC HILLS BLVD.
 LAKELAND, FL. 33810-2670**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)