

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N42136

1. Entity Name

CENTRAL FLORIDA VETERANS ASSOCIATION, INC.

Principal Place of Business

2500 LEAHY AVE
DFAS BOX 931670
ORLANDO FL 32893-1670

Mailing Address

DFAS BOX 931670
2500 LEAHY AVE
ORLANDO FL 32893-1670

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

59-3076959

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

ROBERTS, TOM
2354 FLAMINGO WAY
WINTER PARK FL 32792

Name

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

2500 LEAHY AVE.

ROOM 125

ORLANDO

FL 32893-1670

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 **P** ☐ Delete
NAME **ROBERTS, TOM**
STREET ADDRESS **2354 FLAMINGO WAY**
CITY-ST-ZIP **WINTER PARK FL**

TITLE **P** ☒ Change ☐ Addition
NAME **SIDNEY "CHUCK" TSTERCHELE**
STREET ADDRESS **1215 JAMAJO BLVD.**
CITY-ST-ZIP **ORLANDO, FLORIDA 32803**

TITLE **VD** ☐ Delete
NAME **STERCHELE, CHUCK S**
STREET ADDRESS **1215 JAMAJO BLVD**
CITY-ST-ZIP **ORLANDO FL 32803**

TITLE **V/D** ☒ Change ☐ Addition
NAME **JOE HANRATTY**
STREET ADDRESS **1859 BEEWOOD CT.**
CITY-ST-ZIP **PINE HILLS, FLORIDA 32818**

TITLE **TD** ☐ Delete
NAME **KEE, JOSEPH L**
STREET ADDRESS **5325 ROSEGAY COURT**
CITY-ST-ZIP **ORLANDO FL 32811**

TITLE **T/D** ☒ Change ☐ Addition
NAME **LINDA PENBERTHY**
STREET ADDRESS **5115 OAK HILL DR.**
CITY-ST-ZIP **WINTER PARK, FLORIDA 32792**

TITLE **SD** ☐ Delete
NAME **JOHNSON, ROBERT D**
STREET ADDRESS **504 DEW DROP COVE**
CITY-ST-ZIP **CASSELBERRY FL 32707**

TITLE **S/D** ☒ Change ☐ Addition
NAME **SHARON BREECE**
STREET ADDRESS **5018 GOLDENROD PL. RD.**
CITY-ST-ZIP **WINTER PARK, FLORIDA 32792**

TITLE **D** ☐ Delete
NAME **MARCUS, MURRAY**
STREET ADDRESS **918 ROCKMONT CT**
CITY-ST-ZIP **ORLANDO FL 32804**

TITLE **D** ☒ Change ☐ Addition
NAME **ROBERT JOHNSON**
STREET ADDRESS **504 DEW DROP COVE**
CITY-ST-ZIP **CASSELBERRY, FLORIDA 32707**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **TOM ROBERTS**
STREET ADDRESS **2354 FLAMINGO WAY**
CITY-ST-ZIP **WINTER PARK, FLORIDA 32792**

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:

SIDNEY "CHUCK" TSTERCHELE

07 FEB 2000

407-646-4825

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)