

2001 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

ROBERTS, TOM
2500 LEAHY AVE
125
ORLANDO FL 32893

7. Name and Address of New Registered Agent

Name CHARLEY D. PRICE
Street Address (P.O. Box Number is Not Acceptable)
126 DIRKSEN Dr.
City DEBARY FL Zip Code 32713

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
NAME STERCHELE, SIDNEY "CHUCK"
STREET ADDRESS 1215 JAMAJO BLVD
CITY-ST-ZIP ORLANDO FL 32803 ☐ Delete

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

TITLE VD
NAME HANRATTY, JOE
STREET ADDRESS 1859 BEEWOOD CT
CITY-ST-ZIP PINE HILLS FL 32818 ☒ Delete

TITLE VP
NAME Robert W Miller
STREET ADDRESS 155 Fallwood St.
CITY-ST-ZIP FERN PARK, FLA. 32730 ☐ Change ☒ Addition

TITLE TD
NAME PENBERTHY, LINDA
STREET ADDRESS 5115 OAK HILL DR
CITY-ST-ZIP WINTER PARK FL 32792 ☒ Delete

TITLE
NAME PARNIE Peters
STREET ADDRESS 6302 Bear Lake Terr.
CITY-ST-ZIP APOKA, FL 32703 ☐ Change ☒ Addition

TITLE SD
NAME BREECE, SHARON
STREET ADDRESS 5018 GOLDENROD PL RD
CITY-ST-ZIP WINTER PARK FL 32792 ☐ Delete

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

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

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

TITLE D
NAME ROBERTS, TOM
STREET ADDRESS 2354 FLAMINGO WAY
CITY-ST-ZIP WINTER PARK FL 32792 ☐ Delete

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

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 #

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90016 023 ****70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)