

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004300

1. Entity Name

KOREAN WAR VETERANS ASSO., INC. SUNCOAST CHAPTER

Principal Place of Business

Mailing Address

C/O V.F.W. POST 4364
5773 62ND STREET NORTH
ST. PETERSBURG FL 33709

P.O. BOX 382
BAY PINES FL 33744-0382

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARCAND, JOAN M
5674 BAY PINES LAKE BLVD.
ST. PETERSBURG FL 33708

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 NAME STREET ADDRESS CITY-ST-ZIP	D DAWSON, CHARLES 7503 119TH AVE. N LARGO FL 33773	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COCKFIELD, GRAHAM 2449 16TH ST. NORTH ST. PETERSBURG FL 33704	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ARCAND, RICHARD E 5674 BAY PINES LAKE BLVD. ST. PETERSBURG FL 33708	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MILLER, WILLIAM 10711 FRANCES LANE LARGO FL 33774	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MILHEISER, KENNETH 340 HAMMOCK DR. PALM HARBOR FL 34683	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DADSWELL, CLARENCE 4810 3RD ST. N ST. PETERSBURG FL 33703	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STARINA, SAMUEL 14300 66TH ST. N. LOT 307 CLEARWATER FL 34624	<input type="checkbox"/> Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Lundz, Robert 10825 DEL PRADO DR. EAST LARGO, FL 33774	<input type="checkbox"/> Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOAN M. ARCAND 5674 BAY PINES LAKE BLVD ST. PETERSBURG, FL 33708	<input type="checkbox"/> Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DADSWELL, CLARENCE 4810 3RD ST. N. St Petersburg, FL 33703	<input checked="" type="checkbox"/> Change

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 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 #

FILED

Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90004 049 ****61.25

00000100



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3193728

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required