

# 2002 UNIFORM BUSINESS REPORT (UBR)

1/31

**FILED**  
**Mar 10, 2002 8:00 am**  
**Secretary of State**

01-30-2002 90094 030 \*\*\*\*61.25

**DOCUMENT # N97000004300**

1. Entity Name

**KOREAN WAR VETERANS ASSO., INC. SUNCOAST CHAPTER**

Principal Place of Business

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

Mailing Address

P.O. BOX 382  
BAY PINES FL 33744

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

**59-3193728**

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

**ARCAND, JOAN M**  
**5874 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DAWSON, CHARLES</b> <b>7503 119TH AVE. N</b> <b>LARGO FL 33773</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>SAMUEL SARINA</b> <b>14300 66TH ST. N LOT 307</b> <b>CLEARWATER FL 34624</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T, D</b> <b>ARCAND, RICHARD E</b> <b>5874 BAY PINES LAKE BLVD.</b> <b>ST. PETERSBURG FL 33708</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>MILLER, WILLIAM</b> <b>10711 FRANCES LANE</b> <b>LARGO FL 33774</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP, D</b> <b>KUNZ, ROBERT</b> <b>10825 DEL PRADO DR EAST</b> <b>LARGO FL 33774</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DADSWELL, CLARENCE</b> <b>4810 3RD ST. N</b> <b>ST. PETERSBURG FL 33703</b>	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1ST VP</b> <b>THOMAS CARRICK</b> <b>9326 ALTA VISTA SOL WAY</b> <b>NEWPORT RICHEY, FL 34655</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>SAMUEL FARINA</b> <b>14300 66TH ST. N. LOT 307</b> <b>CLEARWATER, FL 34624</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP, D</b> <b>DADSWELL, CLARENCE</b> <b>4810 3RD ST. N</b> <b>ST PETERSBURG FL 33703</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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: Samuel Farina**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/13/02 727-535-7884**

CR2E037 (9/01)