

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90054 036 ****61.25

DOCUMENT # 739415

1. Entity Name

DISABLED AMERICAN VETERANS TITUSVILLE CHAPTER #1

Principal Place of Business

Mailing Address

435 N SINGLETON AVE
TITUSVILLE FL 32796

435 N SINGLETON AVE
TITUSVILLE FL 32796

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

59-0193790

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

STITT, ROBERT H
236 OLMSTEAD DR
TITUSVILLE FL 32780

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	P FEHER, DAVID J JR 1333 CHENEY HWY APT H TITUSVILLE FL 32780	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCGARRY, JOSEPH 4105 LEJUNE AVE TITUSVILLE FL 32780	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LYONS, EDWARD 120 W. TOWNE PL TITUSVILLE FL 32796	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATTON, THOMAS 4375 PAY BLVD COCOA FL 32927	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RAMOS, ISAAC 1650 LEACH CIR TITUSVILLE FL 32780	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STITT, ROBERT H 236 OLMSTEAD DR TITUSVILLE FL 32780	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GABE W deVries 2460 KINGSWOOD DR. MIMS, FL 32754 ☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAME HARNISH 2865 MOURING DOVE TITUSVILLE, FL 32780 ☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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

1/26/2001 321-269-0109
Date Daytime Phone #

CR2E037 (10/00)