2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2002 8:00 am
Secretary of State
02-01-2002 90009 021 ****61.25

0067796

DOCUMENT # 739415

1. Entity Name

DISABLED AMERICAN VETERANS TITUSVILLE CHAPTER #1 09, INC.

Principal Place of Business	Mailing Address
435 N SINGLETON AVE TITUSVILLE FL 32796	435 N SINGLETON AVE TITUSVILLE FL 32796

DO NOT WRITE IN THIS SPACE

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		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP DEVRIES, GABE W 2460 KINGSWOOD DR MIMS FL 32754	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ISAAC RAMOS 1650 LEACH CIR TITUSVILLE, FL. 32780	☐ Change ☒ Addition
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		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HARNISH, JAMES 2865 MOURING DOVES TITUSVILLE FL 32780	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GEORGE TAYLOR 3439 KITTLES ST. MIMS, FL. 32754	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T RAMOS, ISAAC 1650 LEACH CIR TITUSVILLE FL 32780	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T. JOSEPH MCGARRY 130 W. TOWNE PL TITUSVILLE, FL 32796	☐ Change ☒ Addition
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

CR2E037 (9/01)

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 1-15-2002 (321)268-0[illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #