

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N43536

1. Entity Name

DISABLED AMERICAN VETERANS, CHARLES GUSTAFSON CH

Principal Place of Business

710 WILLOW DRIVE
LEHIGH ACRES FL 33936
US

Mailing Address

P.O. BOX 667
LEHIGH ACRES FL 33970-0851
US

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

23-7040156

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

STEELE, HENRY D
710 WILLOW DRIVE
LEHIGH ACRES FL 33936

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 D ☒ Delete
NAME ENGLIN, RICHARD
STREET ADDRESS 3320 14TH ST., W
CITY-ST-ZIP LEHIGH ACRES FL 33971

TITLE D ☐ Change ☒ Addition
NAME MARTIN, CHARLES
STREET ADDRESS 71 PIERCE STREET
CITY-ST-ZIP LEHIGH ACRES, FL 33972

TITLE VD ☒ Delete
NAME FISCHER, JOHN
STREET ADDRESS 2809 6TH ST., W
CITY-ST-ZIP LEHIGH ACRES FL 33936

TITLE VD ☐ Change ☒ Addition
NAME DUNCAN, LARRY JR
STREET ADDRESS 1109 HIBISCUS AVE.
CITY-ST-ZIP LEHIGH ACRES, FL 33936

TITLE T ☐ Delete
NAME STEELE, HENRY D.
STREET ADDRESS 710 WILLOW DRIVE
CITY-ST-ZIP LEHIGH ACRES FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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 *Henry D. Steele* HENRY D. STEELE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 21, 2001

941 369 5684

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)