

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 760838

1. Entity Name

BAY AREA CHAPTER 112, DISABLED AMERICAN VETERANS

Principal Place of Business

920 HOSPITAL DR  
P.O. BOX 654  
NICEVILLE FL 32588

Mailing Address

920 HOSPITAL DR  
P.O. BOX 654  
NICEVILLE FL 32588-0654

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

23-7249512

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

WESTMORELAND, VICTOR  
94 AURORA ST  
PO BOX 341  
VALPARAISO FL 32580

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 PD ☐ Delete  
NAME BENTON, ROBERT  
STREET ADDRESS 164 23RD ST.  
CITY-ST-ZIP NICEVILLE, FL 0

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

TITLE VD ☐ Delete  
NAME MADDOX, WALTER G  
STREET ADDRESS 803 LINDEN AVE  
CITY-ST-ZIP NICEVILLE FL

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

TITLE TD ☐ Delete  
NAME REINHARDT, ROBERT  
STREET ADDRESS 111 FRIAR TUCK DR  
CITY-ST-ZIP NICEVILLE FL

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

TITLE D ☐ Delete  
NAME BREWER, ROBERT D.  
STREET ADDRESS 112 FOURTH STREET  
CITY-ST-ZIP NICEVILLE FL

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

TITLE SD ☐ Delete  
NAME WESTMORELAND, VICTOR  
STREET ADDRESS P.O. BOX 341, NA  
CITY-ST-ZIP VALPARAISO 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

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:

Robert G. Reinhardt  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4 April 2000

Date



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)

850-678-3525