

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90191 026 \*\*\*61.50

**DOCUMENT # 725278**

1. Entity Name

**DISABLED AMERICAN VETERANS CHAPTER 84-HOLLYHILL,  
FLORIDA, INC.**



Principal Place of Business

**HOLLY HILL FLORIDA, INC.  
605 8TH STREET  
HOLLY HILL FL 32117  
US**

Mailing Address

**HOLLY HILL FLORIDA, INC.  
605 8TH STREET  
HOLLY HILL FL 32117  
US**

**90010375**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-6196574**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**BROWN, GILBERT G  
299 EDDIE AVE  
HOLLY HILL FL 32117**

**SCHMELZ, ANGUS S.  
109 BEAU RIVAGE DR.  
ORMOND BEACH, FL 32176**

Name **SCHMELZ, ANGUS S.**

Street Address (P.O. Box Number is Not Acceptable)

**109 BEAU RIVAGE DR.**

City **ORMOND BEACH**

**FL**

Zip Code **32176**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Angus S. Schmeltz** **ANGUS S. SCHMELZ**

Signature, typed or printed name of registered agent and then 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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	<b>BLAIS, GILLES</b>	
STREET ADDRESS	<b>710 MAGNOLIA AVE</b>	
CITY-ST-ZIP	<b>HOLLY HILL FL 32117</b>	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	<b>SANDERS, GARY W</b>	
STREET ADDRESS	<b>5782 FALLING TREE LANE</b>	
CITY-ST-ZIP	<b>PORT ORANGE FL 32127</b>	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	<b>PARKS, MORTON H</b>	
STREET ADDRESS	<b>398 DUBS DR</b>	
CITY-ST-ZIP	<b>HOLLY HILL FL 32117</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>SCHMELZ, ANGUS S</b>	
STREET ADDRESS	<b>109 BEAU RIVAGE DR</b>	
CITY-ST-ZIP	<b>ORMOND BEACH FL 32176</b>	
TITLE	SD	<input type="checkbox"/> Delete
NAME	<b>BROWN, GILBERT G</b>	
STREET ADDRESS	<b>299 EDDIE AVE</b>	
CITY-ST-ZIP	<b>HOLLY HILL FL 32117</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CERVIZZI, VIC</b>	
STREET ADDRESS	<b>3 PARADISE FALLS CIR</b>	
CITY-ST-ZIP	<b>ORMOND BEACH FL 32174</b>	
TITLE	VD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PARKS, MORTON H</b>	
STREET ADDRESS	<b>398 DUBS DR</b>	
CITY-ST-ZIP	<b>HOLLY HILL FL 32117</b>	
TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DAVIS, CLIFFORD W.</b>	
STREET ADDRESS	<b>764 OSPREY DR</b>	
CITY-ST-ZIP	<b>PORT ORANGE FL 32127</b>	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SCHMELZ, ANGUS S</b>	
STREET ADDRESS	<b>109 BEAU RIVAGE DR.</b>	
CITY-ST-ZIP	<b>ORMOND BEACH FL 32176</b>	
TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHMELZ, ANGUS S.</b>	
STREET ADDRESS	<b>109 BEAU RIVAGE DR</b>	
CITY-ST-ZIP	<b>ORMOND BEACH FL 32176</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

**SIGNATURE REQUIRED**

**Angus S. Schmeltz** 1/17/03 386-252-4557

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)