

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 728094

1. Entity Name

DISABLED AMERICAN VETERANS, DEPARTMENT OF FLORID

Principal Place of Business

Mailing Address

17601 VETERANS WAY  
P.O. BOX 999  
MICANOPY FL 32667-0999

17601 VETERANS WAY  
P.O. BOX 999  
MICANOPY FL 32667-0999

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0915376

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

LINDEN, ALBERT H., JR  
17601 VETERANS WAY  
MICANOPY FL 32667

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  
STD LINDEN, ALBERT H., JR.  
2341 NW 35TH TERR  
GAINESVILLE FL

☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD Charles Heiney  
5749 Windmere Trace  
Pace, FL 32571

☐ Change

☒ Addition

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPD UNGER, IRVING  
7301 NW 1ST ST BLDG 9 #107  
MARGATE FL 33063

☒ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPD Dick Giese  
7481 Briarbay Loop  
Lakeland, FL 33810

☐ Change

☒ Addition

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP MELCHER, ROBERT  
8280 61ST ST.  
PINELLAS PARK FL

☒ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

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☐ Addition

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☐ Addition

TITLE NAME  
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CITY-ST-ZIP

☐ Delete

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/00

Date

(352) 466-4084

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE