

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 729671

1. Entity Name

CENTRAL BREVARD CHAPTER #50, DISABLED AMERICAN VETERANS, INC.

Principal Place of Business

Mailing Address

P. O. BOX 908VE.. #9
COCOA FL 32923

P. O. BOX 908VE.. #9
COCOA FL 32923

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

NOT APPLICABLE

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

**HOLLOWAY, ROBERT G.
526 COCOA ISLES BLVD.
COCOA FL 32931**

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 **PARKER, ALTON R**
STREET ADDRESS **2934 MATTHEW DRIVE**
CITY-ST-ZIP **ROCKLEDGE FL**

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

TITLE **D** ☐ Delete
NAME **TALBOTT, LEWIS J**
STREET ADDRESS **6255 JANINA RD**
CITY-ST-ZIP **COCOA FL**

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

TITLE **DC** ☐ Delete
NAME **HOLLOWAY, ROBERT G.**
STREET ADDRESS **526 COCOA ISLES BLVD.**
CITY-ST-ZIP **COCOA BEACH FL**

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

TITLE **D** ☐ Delete
NAME **NELSON, JAMES O.**
STREET ADDRESS **3833 S BANANA RIVER DR**
CITY-ST-ZIP **COCOA BEACH FL**

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

TITLE **T** ☐ Delete
NAME **ANDERSON, MICHAEL R**
STREET ADDRESS **8000 RIDGEWOOD AVE #201**
CITY-ST-ZIP **CAPE CANAVERAL FL 32920**

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:

Michael R. Anderson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90188 033 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)

1-28-02 (321) 832-1111 EXT 64467