

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 738486

1. Entity Name

DISABLED AMERICAN VETERANS MID-FLORIDA CHAPTER 1

**FILED**  
Feb 09, 2000 8:00 am  
Secretary of State

02-09-2000 90378 015 \*\*\*\*61.25

Principal Place of Business

Mailing Address

P O BOX 113  
WINTER PARK FL 32790-0113  
US

P O BOX 113  
WINTER PARK FL 32790-0113  
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

23-7098926

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

MURRAY, MARCUS S  
918 ROCKMONT CT.  
ORLANDO FL 32804

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 ☐ Delete  
NAME PD  
STREET ADDRESS MARCUS, MURRY  
CITY-ST-ZIP 918 ROCKMONT CT  
ORLANDO FL

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

TITLE ☐ Delete  
NAME T  
STREET ADDRESS JOYNER, DENNIS A.  
CITY-ST-ZIP 207 SHADOWBAY BLVD. S.  
LONGWOOD FL 32779

TITLE ☒ Change ☐ Addition  
NAME ADJUTANT / TREASURER  
STREET ADDRESS DENNIS A JOYNER  
CITY-ST-ZIP 490 SABAL TRAIL CIRCLE  
LONGWOOD FL 32779

TITLE ☐ Delete  
NAME D  
STREET ADDRESS COOPER, BILLY M  
CITY-ST-ZIP 1850 LAKESHORE CIRCLE  
LONGWOOD FL

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS MURPHY, FRANK D.  
CITY-ST-ZIP 1750 WINDSOR DRIVE  
WINTER PARK 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

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 the empowered.

SIGNATURE:

*Signature Required*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/00

407 665 7712

Date

Daytime Phone #