

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **746140**

1. Entity Name

DUNEDIN CHAPTER 103, Disabled American Veterans,
Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

360 Douglas Ave

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1072

Suite, Apt. #, etc.

City & State

Dunedin, Fla 34698

City & State

Dunedin, Fl. 34698

Zip

34698

Country

Pinellas

Zip

34698

Country

Pinellas

4. FEI Number

23-7098925

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

Bruce W. Reitz

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

1614 Amberlea Drive N

City

Dunedin

FL

Zip Code

34698

**DO NOT WRITE
IN THIS SPACE**

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

**FEE IS \$61.25
Initial or Amended UBR**

**9. Election Campaign Financing
Trust Fund Contribution.**

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\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Commander Anthony R. Gallina 7305 36th St. St Petersburg, FL 33710	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sr. Vice Commander Robert Backlund 3973 Tarpointe Ctr Palm Harbor, FL 34684	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jr. Vice Commander James O. Cram 2305 Hash-St. Clearwater, FL 33765	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Adjutant James E. Dean Sr. 3063 Terrace View Ln Clearwater, FL 33759	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Bruce W. Reitz 1614 Amberlea Dr. Dunedin, FL 34698	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chaplain Daniel R. Gallagher 2284 Spanish Dr. Apt 38 Clearwater, FL 33763	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Bruce W. Reitz, Director

SIGNATURE AND TYPED OR PRINTED NAME

Bruce W. Reitz

FILED

02 OCT 21 PM 3:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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