

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

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90135 013 ****61.25

DOCUMENT # 746140

1. Entity Name
**DUNEDIN CHAPTER 103, DISABLED AMERICAN VETERANS,
INCORPORATED**



Principal Place of Business
**360 DOUGLAS AVE
DUNEDIN FL 34698
US**

Mailing Address
**P.O. BOX 1072
DUNEDIN FL 34697**

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 **23-7098925**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**REITZ, BRUCE W
1614 AMBERLEA DRIVE N
DUNEDIN FL 34698**

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	BACKLUND, ROBERT A	3973 TARPON PT CIR	PALM HARBOR FL 34684	<input type="checkbox"/>
AD	DEAN, JAMES E SR	3063 TERRANCE VIEW LN	CLEARWATER FL 33759	<input type="checkbox"/>
CD	GALLAGHER, DANIEL	2284 SPANISH DR	CLEARWATER FL 33763	<input type="checkbox"/>
TD	REITZ, BRUCE	1614 AMBERLEA DR N	DUNEDIN FL 34698	<input type="checkbox"/>
JVCD	CRAM, JAMES V	2305 NASH ST	CLEARWATER FL 33765	<input type="checkbox"/>
CD	GALLINA, ANTHONY R	7305 36TH ST	ST PETERSBURG FL 33710	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
Com				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

CR2E037 (10/02)

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* **1-8-2003**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER