

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 756472

1. Entity Name

DISABLED AMERICAN VETERANS SILVER SPRINGS CHAPTE

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90028 015 ****61.25

Principal Place of Business

Mailing Address

FOREST CORNERS COMMUNITY CTR
BLD 761, SR 40, 314-A
SILVER SPRINGS FL 34489-0661
US

P.O. BOX 661
SILVER SPRINGS FL 34489-0661

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1791479

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

Name

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

City

FL

Zip Code

MADDEN, MICHAEL J JR.
17180 S.E. 21 PLACE RD.
SILVER SPRINGS FL 34488

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 VP ☐ Delete
NAME RUSCH, RAYMOND W
STREET ADDRESS PO BOX 5415
CITY-ST-ZIP SALT SPGS FL 32134

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

TITLE D ☐ Delete
NAME ANDERSON, HAROLD E.
STREET ADDRESS 5930 SE HIGHWAY 314A
CITY-ST-ZIP OKLAWAHA FL 32179

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

TITLE DS ☐ Delete
NAME MCGUE, C. E
STREET ADDRESS 2152 S.E. 3RD ST.
CITY-ST-ZIP OCALA FL

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

TITLE D ☐ Delete
NAME SLADE, MARY
STREET ADDRESS 2240 S.E. 175TH TERRACE
CITY-ST-ZIP SILVER SPRINGS FL 34488

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

TITLE D ☐ Delete
NAME BRAUMBAUGH, THOMAS
STREET ADDRESS 2021 S.E. 173RD CT
CITY-ST-ZIP SILVER SPRINGS FL 34488

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/15/2000 352-6255473

CR2E037 (9/99)