

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 11, 2002 8:00 am  
Secretary of State

04-11-2002 90063 036 \*\*\*\*61.25

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DOCUMENT # 756472

1. Entity Name

DISABLED AMERICAN VETERANS SILVER SPRINGS CHAPTE  
R 121, INC.

Principal Place of Business

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

Mailing Address

P.O. BOX 661  
SILVER SPRINGS FL 34488

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

CRAIG, WALTER  
16174 SE 1516 STREET  
OCKLAWAHA FL 32179

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

TITLE P  
NAME WALTER CRAIG  
STREET ADDRESS 16174 SE 1516 ST  
CITY-ST-ZIP OCKLAWAHA, FL 32179 ☒ Change ☐ Addition

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

TITLE  
NAME RAYMOND RUSCH  
STREET ADDRESS 2450 NE 52 CT  
CITY-ST-ZIP BOX 2730 SILVER SPRING FL 34488 ☒ Change ☐ Addition

TITLE D  
NAME HOLLOMS, DONALD  
STREET ADDRESS 176 NE 168TH CT  
CITY-ST-ZIP SILVER SPRINGS FL 34488 ☒ Delete

TITLE D  
NAME DONALD HOLCOMB  
STREET ADDRESS 176 NE 168TH CT  
CITY-ST-ZIP SILVER SPRINGS FL 34488 ☒ Change ☐ Addition

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

TITLE D  
NAME JOHN A. KALAMANKA  
STREET ADDRESS 17913 SE 28TH LANE RD.  
CITY-ST-ZIP SILVER SPRINGS, FL 34488 ☒ Change ☐ Addition

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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: *Walter Craig*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-02 352 625 3326

Date

Daytime Phone #

CR2E037 (9/01)