

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 16, 2002 8:00 am
Secretary of State

02-11-2002 90099 020 ****70.00

DOCUMENT # 758561

1. Entity Name

**DISABLED AMERICAN VETERANS, SOUTH BROWARD COUNTY
 CHAPTER 41, INCORPORATED**

Principal Place of Business

Mailing Address

**2118 SCOTT ST.
 HOLLYWOOD FL 33020-2309**

**2118 SCOTT ST.
 HOLLYWOOD FL 33020-309
 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

59-1156372

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

**PEARSON, WILLIAM A MANAGER
 4311 MCKINLEY ST
 APT 1
 HOLLYWOOD FL 33021**

Name

DONALD FRANK

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

6101 US 27 HWY

City

WESTON, FL

FL

Zip Code

33332

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

Donald G. Frank

CMOR

7-11-02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,
 min. will be \$236.25.**

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 **M**
 NAME **PEARSON, WILLIAM A**
 STREET ADDRESS **4311 MCKINLEY ST**
 CITY-ST-ZIP **HOLLYWOOD FL 33021**

☒ Delete

TITLE **D**
 NAME **KOMANIECKI, MAX**
 STREET ADDRESS **4717 ARTHUR ST**
 CITY-ST-ZIP **HOLLYWOOD FL 33021**

☐ Delete

TITLE **D**
 NAME **CALABRO, FRANCIS J.**
 STREET ADDRESS **6341 LEE ST.**
 CITY-ST-ZIP **HOLLYWOOD FL 33024**

☐ Delete

TITLE **D**
 NAME **JOHANSKY, RUDOLPH**
 STREET ADDRESS **300 S LUNA COURT**
 CITY-ST-ZIP **HOLLYWOOD FL 33021**

☒ Delete

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **MANAGER**
 NAME **DONALD FRANK**
 STREET ADDRESS **6101 US 27 HWY**
 CITY-ST-ZIP **WESTON, FL 33332**

☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **DIRECTOR**
 NAME **ALAN C. BEHRMAN**
 STREET ADDRESS **4966 SW 33RD TERRACE**
 CITY-ST-ZIP **FT. LAUDERDALE, FL 33312**

☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

CR2E037 (4/02)

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:

Donald G. Frank

Donald G. FRANK 7-11-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR