

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

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90135 041 ****70.00

0019041

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1. Entity Name

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



Principal Place of Business
**2118 SCOTT ST.
HOLLYWOOD FL 33020-2309**

Mailing Address
**2118 SCOTT ST.
HOLLYWOOD FL 33020-309
US**

00000110



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1156372**

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

**FRANK, DONALD
6101 US 27 NORTH
WESTON FL 33332**

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. 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE **D** Change Addition
NAME **HARRIS, RICHARD F.**
STREET ADDRESS **3002 N.W. 46TH ST.**
CITY-ST-ZIP **TAMARAC, FL 33309-3508**

TITLE **D** Delete
NAME **BEHRMAN, ALAN C**
STREET ADDRESS **4966 SW 33RD TERRACE**
CITY-ST-ZIP **FORT LAUDERDALE FL 33312**

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

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

ROBERTA USE GELLMAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR