

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

FILED

03 JUL -2 AM 11:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 758561 AMENDED
2003 REPORT
1. Entity Name
DISABLED AMERICAN VETERANS, SOUTH
BROWARD COUNTY, CHAPTER 41, INCORPORATED



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>2653 Baccarat Dr</u> Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State <u>Cooper City, FL</u>		City & State	
Zip <u>33026</u>	Country	Zip	Country

4. FEI Number <u>59-1156372</u>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name <u>COLLUM, ROBERT E., II</u>
Street Address (P.O. Box Number is Not Acceptable) <u>2653 BACCARAT DRIVE</u>
City <u>COOPER CITY</u>
State FL
Zip Code <u>33026</u>

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 ROBERT E. COLLUM II Robert E. Collum II 6/30/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS \$61.25
Initial or Amended UBR

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	<u>M</u> <u>COLLUM, ROBERT E., II</u> <u>2653 BACCARAT DRIVE</u> <u>COOPER CITY, FL 33026</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>700021275497</u> <u>07/02/03--01069--005</u> *\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D</u> <u>ALAN C. BEHRMAN</u> <u>4966 SW 33 TERR</u> <u>WOLFLYWOOD, FL 33312</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D</u> <u>KOMANIECKI, MAX</u> <u>4717 ARTHUR ST.</u> <u>HOLLYWOOD, FL 33021</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D</u> <u>CALABRO, FRANCIS J.</u> <u>6341 LEE ST.</u> <u>HOLLYWOOD, FL 33024</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D</u> <u>JOHANSKY, RUDOLPH</u> <u>300 S. LUNA COURT</u> <u>HOLLYWOOD, FL 33021</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT E. COLLUM II Robert E. Collum II 6/30/03 954 437-6723

CR2E037B (12/02)