

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90272 032 ****70.00

DOCUMENT # 764914

1. Entity Name

FRANK R. OLIVER, JR. CHAPTER 40 DISABLED AMERICAN VETERANS, INC.

Principal Place of Business

Mailing Address

**1105 N.E. 13 ST
 FT LAUDERDALE FL 33304
 US**

**1105 N.E. 13 ST
 FT LAUDERDALE FL 33304
 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

59-0834113

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

**MCCREEDY, LLOYD
 1105 N.E. 13 ST
 FT. LAUDERDALE FL 33304**

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

4-28-02

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 **PD** ☐ Delete
 NAME **SACKS, STANLEY S.**
 STREET ADDRESS **4040 GALT OCEAN DR.**
 CITY-ST-ZIP **FT. LAUDERDALE FL**

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

TITLE **VDV** ☐ Delete
 NAME **SCHLICHER, JOHN P**
 STREET ADDRESS **4240 NE 16TH TERRACE**
 CITY-ST-ZIP **OAKLAND PARK FL**

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

TITLE **T** ☐ Delete
 NAME **REKUC, WALTER**
 STREET ADDRESS **5402 RED CYPRESS LANE**
 CITY-ST-ZIP **TAMARAC FL**

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

TITLE **VP** ☐ Delete
 NAME **WESSEL, WILLIAM**
 STREET ADDRESS **PO BOX 144424**
 CITY-ST-ZIP **MIAMI FL 33114-4424**

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

TITLE **VDV** ☒ Delete
 NAME **ROBINSON, GARRET**
 STREET ADDRESS **835 NW 122ND STREET**
 CITY-ST-ZIP **NORTH MIAMI FL 33168**

TITLE **VDV** ☐ Change ☒ Addition
 NAME **Reinhold Krenzer**
 STREET ADDRESS **1218 N.E. 12 St.**
 CITY-ST-ZIP

TITLE **VDV** ☐ Delete
 NAME **MCDERMOTT, THOMAS H**
 STREET ADDRESS **8880 SW 49 CT**
 CITY-ST-ZIP **COOPER CITY FL 33328**

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:

Stanley S. Sacks
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-28-02 954-761-1200

CR2E037 (9/01)