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

9/11/2003-90080-001-\$70.00-\$70.00

				<u> </u>	_			`
DOCUMENT # 764914 1. Entity Name							FILE	D
FRANK R. OLIVER, JR. CHAPTER 40 DISABLED AMERICA N VETERANS, INC.						03	SEP 25	PM 12: 48.
Principal Place of Business Mailing Address]	CE.	CRETARY O	FISTATE
1105 N.E. 13 ST FT LAUDERDALE FL 33304 -		1105 N.E. 13 ST FT LAUDERDALE FL 33304 US		* 4	SECRETARY OF STATE FALLAHASSEE, FLORIDA			
,	· ·			. <u> </u>			(1181)	
2. Principal Place of Business		3. Mailing Address			T I TITAKII GUNIN BINKI KARIN JAMEN KARIN ANDI KARIN BINKI			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City & State			4. FEI Number 5	9-0834113	J	pplied For ot Applicable
Zlp	Country	Zip		untry	5. Certificate of St	atus Desired	\$8.75 Ad Fee Require	
	6. Name and Address of Current F	Registered Agent		Ni-	7. Name and Add	ress of New Regis	stered Agent	
MCCREEDY, LLOYD				- Name				
1105 N.E. 13 ST FT. LAUDERDALE FL 33304				Street Address (P.O. Box Number is Not Acceptable)				
N. LAUL	CHONGE I'E 00004			05			T == C	
<u> </u>	· · · · · · · · · · · · · · · · · · ·			City			FL Zip Cod	
8. The above	named entity submits this statement for tions of registered agent.	the purpose of changing its	register	ed office or register	ed agent, or both, in	the State of Florida	. I am familiar with,	and accept
and danigh		= N N	Ð	. 1 4		,	na 1900	- Z
SIGNATURE	Signature, typed or printed name of registered agent or	1/0/	: Registers	d Agent signature required	when reinstating)	73	09-09-0	-
. •	<u> </u>						 -	
	FILE NOW: FEE IS \$61.25 tember 10, 2003, mln will be \$23	9. Election Can 16.25 Trust Fund C			\$5.00 May Be Added to Fees		Check Payable Department of 9	
	<u> </u>					Florida	reparament or .	State
10.	OFFICERS AND DIRI		11.	 _	DDITIONS/CHANGE	S TO OFFICERS A		
TITLE .	SACKS, STANLEY S.	☐ Delete	TITL:	1		•	☐ Change	☐ Addition
STREET ADDRESS	4040 GALT OCEAN DR.			ET ADORESS				37.
CITY-ST-ZIP	FT. LAUDERDALE FL		CITY	-ST-ZIP				
TITLE	VDV	☐ Deleta	TITU	E	_	:	☐ Change	Addition C
NAME CTOTET ADODEDE	SCHLICHER, JOHN P 4240 NE 16TH TERRACE		NAM	- í	*			1
STREET ADORESS CITY-ST-ZIP	OAKLAND PARK FL			-ST-ZIP				
TITLE	T	Delete	TIŤL			4 - 2	Change	Addition
NAME	REKUC, WALTER		- NAM					
STREET ADORESS	5402 RED CPYRESS LANE			ET ADORESS				Ì
CITY-ST-ZIP	TAMARAC FL.		╂—	-ST-ZIP				
TITLE NAME	KRENZER, REINHOLD	Delete	TUTLE	i i			Change	☐ Addition
STREET ADDRESS	1218 NE 12 ST.			ET ADDRESS				(
CITY-ST-ZIP	FORT LAUDERDALE FL 33304		CITY	-\$T- <i>Z</i> IP				
TITLE	VDV	Defete	TITLE		્	での	Change	☐ Addition
NAME STREET ADDRESS	ROBINSON, GARRET 835 NW 122ND STREET		NAM	E Et address	"	·LTS	!	[
CITY-ST-ZIP	NORTH MIAMI FL 33168			-ST-ZIP	,	* -		Ì
IIILE	VDV	☐ Delete	TITLE	 			☐ Change	Addition
NAME	MCDERMOTT, THOMAS H		NAME	ſ	•		· •	_
STREET ADDRESS CITY-ST-ZIP	8880 SW 49 CT COOPER CITY FL 33328		•	ET ADDRESS				}
		nie filing does est - self. 4-	┸	-ST-ZIP	#i 110 navorm =	ida Charanas		4
- Hereby C	certify that the information supplied with the	iis ming oces not quality for	ıııe exer	ripiron stated in Sec	жол тт9.07(3)(i), Flo	rioa Statutes, I furti	her certify that the in	normation

12. I reliefly certify that the information supplied with this filling 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 is rupelled 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:

SIGNATURE REQUIRED ASSAULT OF BROWNING OFFICER OR DIRECTOR

Sucks 09/20/03 954-761-120