

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N19023

1. Entity Name

CHAPTER 65, DISABLED AMERICAN VETERANS, DEPARTME

Principal Place of Business

5325 8TH ST
ZEPHYRHILLS FL 33540
US

Mailing Address

5325 8TH STREET
ZEPHYRHILLS FL 33540-4312
US

2. Principal Place of Business

5325-8 ST.

3. Mailing Address

Suite, Apt. #, etc.

City & State

ZEPHYRHILLS FL.

City & State

Zip

Country

33540

PASCO

4. FEI Number

23-7331152

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SOEHNLEIN RALPH J.
9511 STARLINE DRIVE
DADE CITY FL 33525

7. Name and Address of New Registered Agent

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

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

TITLE	SVC	<input type="checkbox"/> Delete
NAME	VANDERLAAN, SAMUEL A.	
STREET ADDRESS	6053 HAZELWOOD DR.	
CITY-ST-ZIP	ZEPHYRHILLS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CRIDER, CLARENCE A.	
STREET ADDRESS	3907 CHAH DRIVE	
CITY-ST-ZIP	ZEPHYRHILLS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ORMSBY, PHILLIP W.	
STREET ADDRESS	38703 11TH AVE.	
CITY-ST-ZIP	ZEPHYRHILLS FL	
TITLE	C	<input type="checkbox"/> Delete
NAME	SOEHNLEIN, RALPH J.	
STREET ADDRESS	9511 STARLINE DR.	
CITY-ST-ZIP	DADE CITY FL	
TITLE	TA	<input type="checkbox"/> Delete
NAME	SANTI, D H	
STREET ADDRESS	38755 HENRY DR	
CITY-ST-ZIP	ZEPHYRHILLS FL 33540	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MCMAINES, JOHN J. JR.	
STREET ADDRESS	40126 PROUD MOCKING BIRD ROAD	
CITY-ST-ZIP	ZEPHYRHILLS FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90057 019 ****61.25



DO NOT WRITE IN THIS SPACE

FEB 2/2/00