

2001 UNIFORM BUSINESS REPORT (UBR)

1/3

FILED
Mar 14, 2001 8:00 am
Secretary of State

01-30-2001 90068 022 ****61.25

DOCUMENT # N19023

1. Entity Name

CHAPTER 65, DISABLED AMERICAN VETERANS, DEPARTME

Principal Place of Business

Mailing Address

5325 8TH ST
 ZEPHYRHILLS FL 33540
 US

5325 8TH STREET
 ZEPHYRHILLS FL 33540
 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

23-7331152

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

SOEHNLEIN RALPH J.
 9511 STARLINE DRIVE
 DADE CITY FL 33525

Name

JAMES C. AMERMAN

Street Address (P.O. Box Number is Not Acceptable)

7138 FORT KING ROAD

City

ZEPHYRHILLS

FL

Zip Code

33541

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

James C. Amerman JAMES C. AMERMAN 1/22/01
 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE SVC
 NAME VANDERLAAN, SAMUEL A.
 STREET ADDRESS 6053 HAZELWOOD DR.
 CITY-ST-ZIP ZEPHYRHILLS FL ☒ Delete

TITLE D
 NAME CRIDER, CLARENCE A.
 STREET ADDRESS 3907 CHAH DRIVE
 CITY-ST-ZIP ZEPHYRHILLS FL ☒ Delete

TITLE D
 NAME ORMSBY, PHILLIP W.
 STREET ADDRESS 38703 11TH AVE.
 CITY-ST-ZIP ZEPHYRHILLS FL ☒ Delete

TITLE C
 NAME SOEHNLEIN, RALPH J.
 STREET ADDRESS 9511 STARLINE DR.
 CITY-ST-ZIP DADE CITY FL ☒ Delete

TITLE TA
 NAME SANTI, D H
 STREET ADDRESS 38755 HENRY DR
 CITY-ST-ZIP ZEPHYRHILLS FL 33540 ☒ Delete

TITLE VD
 NAME MCMAINES, JOHN J. JR.
 STREET ADDRESS 40126 PROUD MOCKING BIRD ROAD
 CITY-ST-ZIP ZEPHYRHILLS FL ☒ Delete

TITLE D
 NAME DON CHRISTENSEN
 STREET ADDRESS 37544 ANNA MARIA AVE
 CITY-ST-ZIP ZEPHYRHILLS, FL 33541 ☒ Change ☐ Addition
 Title SVC

TITLE D
 NAME WILSON, VERNARD
 STREET ADDRESS 6820 STEPHENS PATH
 CITY-ST-ZIP ZEPHYRHILLS, FL 33541 ☒ Change ☐ Addition
 Title SVC

TITLE D
 NAME JOHN MCCOY
 STREET ADDRESS 7334 RYMAB LOOP
 CITY-ST-ZIP ZEPHYRHILLS, FL 33540 ☒ Change ☐ Addition

TITLE T
 NAME JAMES C. AMERMAN
 STREET ADDRESS 7138 Ft King Road
 CITY-ST-ZIP ZEPHYRHILLS, FL 33541 ☒ Change ☐ Addition

TITLE D
 NAME CHAPLAIN
 STREET ADDRESS JACK E BRIDGE
 CITY-ST-ZIP PO BOX 1240
 ZEPHYRHILLS, FL 33539 ☒ Change ☐ Addition

TITLE T
 NAME SAM VANDERLAAN
 STREET ADDRESS 6053 HAZELWOOD DR.
 CITY-ST-ZIP ZEPHYRHILLS, FL 33541 ☒ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:

James C. Amerman JAMES C. AMERMAN 1/22/01 (813)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 783-7012

CR2E037 (10/00)