7/3

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 13, 2002 8:00 am
Secretary of State
07-31-2002 90105 002 ****61.25

DOCUMENT # N19023

1. Entity Name

CHAPTER 65, DISABLED AMERICAN VETERANS, DEPARTME NT OF FLORIDA, INCORPORATED.

Principal Place of Business	Mailing Address
5325 8TH ST ZEPHYRHILLS FL 33540 US	5325 8TH STREE3 ZEPHYRHILLS FL 33540 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Zip change 33542	Zip 33542 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
AMERMAN, JAMES C 7138 FORT KING RD ZEPHYRHILLS FL 33541	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 AMERMAN, JAMES C. James C Amerman 7/29/02
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DSVC CHRISTENSEN, DON 37544 ANNA MARIA LANE ZEPHYRHILLS FL 33541	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DSVC KENNARD, WILSON 6820 STEPHENS PATH ZEPHYRHILLS FL 33541	☒ Delete	TITLE DSVC / NAME / STREET ADDRESS / CITY-ST-ZIP	Larry Clift 5584 Fairway Drive Ridge Manor, FL 33523 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/TA MCCOY, JOHN 7334 RYMAN LOOP ZEPHYRHILLS FL 33540	☒ Delete	TITLE D/TA / NAME / STREET ADDRESS / CITY-ST-ZIP	Shirley Schnuhl 3824 Julie Dr. Zephyrhills, Fl 33543 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/C AMERMAN, JAMES C 7138 FT KING ROAD ZEPHYRHILLS FL 33541	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/C BRIDGE, JACK E P.O. BOX 1240 ZEPHYRHILLS FL 33539	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/EC VANDERLAAN, SAM 6053 HAZELWOOD DR ZEPHYRHILLS FL 33541	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/01)

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 REQUIRED James C Amerman 8/9/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #