

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2003 8:00 am**  
**Secretary of State**

0082066

**DOCUMENT # N19023**

1. Entity Name

**CHAPTER 65, DISABLED AMERICAN VETERANS, DEPARTMENT OF FLORIDA, INCORPORATED.**



05-15-2003 90118 022 \*\*\*\*61.25

Principal Place of Business

**5325 8TH ST  
ZEPHYRHILLS FL 33542  
US**

Mailing Address

**5325 8TH ST  
ZEPHYRHILLS FL 33542  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

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

**AMERMAN, JAMES C  
7138 FORT KING RD  
ZEPHYRHILLS FL 33541**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

**33542**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*James C. Amerman* **5/13/03**

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **DSVC** ☐ Delete  
NAME **CHRISTENSEN, DON**  
STREET ADDRESS **37544 ANNA MARIA LANE**  
CITY-ST-ZIP **ZEPHYRHILLS FL 33541**

TITLE **DSVC** ☐ Delete  
NAME **CLIFT, LARRY**  
STREET ADDRESS **5584 FAIRWAY DRIVE**  
CITY-ST-ZIP **RIDGE MANOR FL 33523**

TITLE **DTA** ☒ Delete  
NAME **SCHRUHL, SHIRLEY**  
STREET ADDRESS **3824 JULIE DR**  
CITY-ST-ZIP **ZEPHYRHILLS FL 33543**

TITLE **T/C** ☐ Delete  
NAME **AMERMAN, JAMES C**  
STREET ADDRESS **7138 FT KING ROAD**  
CITY-ST-ZIP **ZEPHYRHILLS FL 33541**

TITLE **D/C** ☐ Delete  
NAME **BRIDGE, JACK E**  
STREET ADDRESS **P.O. BOX 1240**  
CITY-ST-ZIP **ZEPHYRHILLS FL 33539**

TITLE **T/EC** ☒ Delete  
NAME **VANDERLAAN, SAM**  
STREET ADDRESS **6053 HAZELWOOD DR**  
CITY-ST-ZIP **ZEPHYRHILLS FL 33541**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition  
NAME **← SAME**  
STREET ADDRESS **← SAME**  
CITY-ST-ZIP **← SAME**

TITLE ☐ Change ☒ Addition  
NAME **← SAME**  
STREET ADDRESS **← SAME**  
CITY-ST-ZIP **← SAME**

TITLE ☐ Change ☒ Addition  
NAME **DTA**  
STREET ADDRESS **JOHN R. JEROME**  
CITY-ST-ZIP **38748 COTTAGEWOOD DRIVE**  
**Wesley Chapel, FL 33544**

TITLE ☐ Change ☒ Addition  
NAME **← SAME**  
STREET ADDRESS **← SAME**  
CITY-ST-ZIP **← SAME**

TITLE ☐ Change ☒ Addition  
NAME **← SAME**  
STREET ADDRESS **← SAME**  
CITY-ST-ZIP **← SAME**

TITLE ☐ Change ☒ Addition  
NAME **T/EC**  
STREET ADDRESS **JOSEPH F. Rumler**  
CITY-ST-ZIP **37829 LAGOON COURT**  
**ZEPHYRHILLS, FL 33542-1401**

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:

*James C. Amerman* **5/13/03**

Date

Daytime Phone #

**813-783-7012 (C)**  
**813-997-3385 (C)**

CR2E037 (10/02)