

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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90158 047 ****61.25

DOCUMENT # N97000002657

1. Entity Name

DISABLED AMERICAN VETERANS (DAV) CHAPTER #3, INC



Principal Place of Business

**2445 FRUITVILLE RD
SARASOTA FL 34237
US**

Mailing Address

**P O BOX 915
SARASOTA FL 34230**

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 **59-6196572**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MANN, DONALD
4212 CHARDON WAY
SARASOTA FL 34232**

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. 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

Donald Mann 4-23-04

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ~~TS~~ ☐ Delete
NAME ~~MANN, DONALD~~
STREET ADDRESS ~~2445 FRUITVILLE RD~~
CITY-ST-ZIP ~~SARASOTA FL 34237~~

TITLE ~~D~~ ☐ Delete
NAME ~~KERMIT, ALVIS~~
STREET ADDRESS ~~216 OAKWOOD BLVD E~~
CITY-ST-ZIP ~~SARASOTA FL 34237~~

TITLE ~~D~~ ☐ Delete
NAME ~~BRESLIN, WILLIAM~~
STREET ADDRESS ~~1068 HIGHLAND ST~~
CITY-ST-ZIP ~~SARASOTA FL 34234~~

TITLE ~~D~~ ☐ Delete
NAME ~~LEEDOM, LAWRENCE L~~
STREET ADDRESS ~~3123 GLENELAM BLVD #10~~
CITY-ST-ZIP ~~SARASOTA FL 34237~~

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ~~P~~ ☒ Change ☐ Addition
NAME ~~Kermit, Alvis~~
STREET ADDRESS ~~216 Oakwood BLVD~~
CITY-ST-ZIP ~~SARASOTA, FL. 34237~~

TITLE ~~D~~ ☒ Change ☐ Addition
NAME ~~CHARLES SMUDA~~
STREET ADDRESS ~~2010 HAMPSTEAD CIR.~~
CITY-ST-ZIP ~~SUN CITY CIR~~
~~SUN CITY CENTER FL. 33573~~

TITLE ~~D~~ ☒ Change ☐ Addition
NAME ~~THOMAS FREW~~
STREET ADDRESS ~~7224 28th ST.~~
CITY-ST-ZIP ~~SARASOTA, FL. 34243~~

TITLE ~~T~~ ☒ Change ☐ Addition
NAME ~~DONALD MANN~~
STREET ADDRESS ~~4212 CHARDON WAY~~
CITY-ST-ZIP ~~SARASOTA, FL. 34232~~

TITLE ~~S~~ ☒ Change ☐ Addition
NAME ~~DONALD THOMPSON~~
STREET ADDRESS ~~2320 BEE RDG RD LOT 107~~
CITY-ST-ZIP ~~SARASOTA, FL. 34239~~

TITLE ☐ Change ☐ 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: *Donald Mann* **SIGNATURE REQUIRED**

4-23-03 941-371-8767

CR2E037 (10/02)