

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N30969

1. Entity Name

DISABLED AMERICAN VETERANS AUXILIARY, DEPARTMENT

FILED
Jun 29, 2000 8:00 am
Secretary of State

06-29-2000 90398 039 ****61.25

Principal Place of Business 17601 VETERANS WAY P. O. BOX 999 MICANOPY FL 32667-7999	Mailing Address 17601 VETERANS WAY P. O. BOX 999 MICANOPY FL 32667-0999
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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	Country

4. FEI Number 23-7331165	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MCCARTHY, LUCILLE O.
3420 BAYSHORE BLVD. NE
ST. PETERSBURG FL 33703

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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LANGE, RAMONA M 1447 FOGGY RIDGE PARKWAY LUTZ FL 33549 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD EGAN, KAY 1647 COUNTRY CLUB PARKWAY LEHIGH ACRES FL 33972 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD EGAN, KAY 104 COUNTRY CLUB PARKWAY LEHIGH ACRES FL 33972 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROUSSEY, DELORES ANN 1447 FOGGY RIDGE PRKW LUTZ FL 33549 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BARZELOGNA, SUNNY JOAN R 1 BOX 146-D BUNNELL FL 32110 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DOUGLAS, AMELIA 7785 US HIGHWAY 17 SOUTH ZOLFO SPRINGS FL 33890 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EGAN, Kay 1647 Country Club Parkway Lehigh Acres, FL 33972 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SEARS, Alice 14 Ferdinand Lane Palm Coast, FL 32137 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD EASTIN, Winona 10218 Noddy Tern Road Brooksville, FL 34613 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SORRENTINO, Bernadette 1054 Bacon Circle Palm Bay, FL 32905 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: Delores Ann Roussey Treasurer **06/13/00** **941 332-4233**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)