

1/17/01-90

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 09, 2001 8:00 am**  
**Secretary of State**

01-17-2001 90098 005 \*\*\*\*61.25

**DOCUMENT # N99000001472**

1. Entity Name

**THE ZEPHYRHILLS FLORIDA UNIT 65, DAVA CORPORATIO**

Principal Place of Business

5325 8TH STREET  
ZEPHYRHILLS FL 33540

Mailing Address

5325 8TH STREET  
ZEPHYRHILLS FL 33540

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; 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

Name

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

City

FL

Zip Code

SOEHLEIN, HELEN E Minnie F. AMERMAN  
 9511 STARLINE DRIVE 7138 Fort King RD  
 DADE CITY FL 33525 Zephyrhills, FL 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

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

(NOTE: Registered Agent signature required when remaining)

1/26/01  
DATEFILE NOW:  
FEE IS \$61.259. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to FeesMake Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                      |                                 |
|----------------|----------------------|---------------------------------|
| TITLE          | C                    | <input type="checkbox"/> Delete |
| NAME           | SOEHLEIN, HELEN      |                                 |
| STREET ADDRESS | 9511 STARLINE DRIVE  |                                 |
| CITY-ST-ZIP    | DADE CITY FL 33525   |                                 |
| TITLE          | SRV                  | <input type="checkbox"/> Delete |
| NAME           | LUSHER, BETTY        |                                 |
| STREET ADDRESS | 38045 6TH AVENUE     |                                 |
| CITY-ST-ZIP    | ZEPHYRHILLS FL 32541 |                                 |
| TITLE          | ADJT                 | <input type="checkbox"/> Delete |
| NAME           | AVERY, APRIL         |                                 |
| STREET ADDRESS | 9531 STARLINE DRIVE  |                                 |
| CITY-ST-ZIP    | DADE CITY FL 33525   |                                 |
| TITLE          | BM                   | <input type="checkbox"/> Delete |
| NAME           | DAWN, IOLA           |                                 |
| STREET ADDRESS | 4901 GARDEN STREET   |                                 |
| CITY-ST-ZIP    | ZEPHYRHILLS FL 33541 |                                 |
| TITLE          | D                    | <input type="checkbox"/> Delete |
| NAME           | POSEY, RUTH          |                                 |
| STREET ADDRESS | 9531 STARLINE DRIVE  |                                 |
| CITY-ST-ZIP    | DADE CITY FL 33525   |                                 |
| TITLE          | B                    | <input type="checkbox"/> Delete |
| NAME           | KARCZEUSKI, FRANCES  |                                 |
| STREET ADDRESS | 36105 COLEUS AVENUE  |                                 |
| CITY-ST-ZIP    | ZEPHYRHILLS FL 33541 |                                 |

|                |                       |                                                                              |
|----------------|-----------------------|------------------------------------------------------------------------------|
| TITLE          | COMMANDER             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | MINNIE F. AMERMAN     |                                                                              |
| STREET ADDRESS | 7138 Fort King RD     |                                                                              |
| CITY-ST-ZIP    | Zephyrhills FL 33541  |                                                                              |
| TITLE          | Senior Vice Commander | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Iola Dawn             |                                                                              |
| STREET ADDRESS | 4901 Garden Street    |                                                                              |
| CITY-ST-ZIP    | Zephyrhills FL 33541  |                                                                              |
| TITLE          | Junior Vice Commander | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Betty Lusher          |                                                                              |
| STREET ADDRESS | 38045 6th Avenue      |                                                                              |
| CITY-ST-ZIP    | Zephyrhills FL 33541  |                                                                              |
| TITLE          | Adjutant-Treasurer    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Amye S. Downs         |                                                                              |
| STREET ADDRESS | 38604 Pretty Pond RD  |                                                                              |
| CITY-ST-ZIP    | Zephyrhills FL 33541  |                                                                              |
| TITLE          | Board member          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Cathleen McCoy        |                                                                              |
| STREET ADDRESS | 7334 Ryman Loop       |                                                                              |
| CITY-ST-ZIP    | Zephyrhills FL 33541  |                                                                              |
| TITLE          | Board member          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Lillian Seanford      |                                                                              |
| STREET ADDRESS | 38544 CALVIN AVE      |                                                                              |
| CITY-ST-ZIP    | Zephyrhills FL 33540  |                                                                              |

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:

MINNIE F. AMERMAN  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/01  
Date

H# 813-758-7228  
 Chapter 813-783-7012  
 Daytime Phone #

CP2E037 (10/00)