

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 732376

1. Entity Name

SEVENTH DISTRICT AUXILIARY BOARD, INC.

FILED
Sep 07, 2000 8:00 am
Secretary of State

09-07-2000 90006 032 ****61.25

Principal Place of Business

909 S.E. 1ST AVE.
 FEDERAL BLDG., BRICKELL PLAZA
 MIAMI FL 33131-3010

Mailing Address

909 S.E. 1ST AVE.
 FEDERAL BLDG., BRICKELL PLAZA
 MIAMI FL 33131-3010

RU075513



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

51-0173884

Applied For

Not Applicable

Zip

Country

Zip

Country

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

EVERILL, WILLIAM F.
 1346 JAMAICA CT.
 JACKSONVILLE FL 32216

Name

MARCELYN F. OBERLI

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

6 FLINTSTONE COURT

City

PALM COAST

FL

Zip Code

32137

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

Marcelyn F. Oberli

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

(NOTE: Registered Agent signature required when reinstating)

DATE

08-16-00

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

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	S	<input checked="" type="checkbox"/> Delete
NAME	CUMMINGS, SUSAN	
STREET ADDRESS	2835 PINE MOUNTAIN CIR	
CITY-ST-ZIP	KENNESAW GA	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SHINGLEDECKER, DWIGHT	
STREET ADDRESS	2129 RICKY CIRCLE	
CITY-ST-ZIP	VALRICO FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JEANDHEUR, GEORGE	
STREET ADDRESS	2422 NE 36TH STREET	
CITY-ST-ZIP	LIGHTHOUSE POINT FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	HALLERAN, ROBERT J.	
STREET ADDRESS	5688 LAKE VISTA COURT	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	EDGERTON, EVERETT W	
STREET ADDRESS	4843 VICTORIA CHASE COURT	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HERTLE, HELMUT	
STREET ADDRESS	11452 STARBOARD DR	
CITY-ST-ZIP	JACKSONVILLE FL	

TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OBERLI, MARCELYN F.	
STREET ADDRESS	6 FLINTSTONE COURT	
CITY-ST-ZIP	PALM COAST, FL	
TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARY T. LARSEN	
STREET ADDRESS	4621 SOUTH HOPE SPRINGS	
CITY-ST-ZIP	STONE MOUNTAIN, GA 30083	
TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAHLGREN JAY	
STREET ADDRESS	1579 PINEHURST ST. NW	
CITY-ST-ZIP	ORANGEBURG, S.C. 29115	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

HELMUT HERTLE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/11/00

(904) 642-1368

Date

Daytime Phone #

CR2E037 (5/00)