

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N24251

1. Entity Name

DISABLED AMERICAN VETERANS AUXILIARY NEW PORT RI

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90087 008 *****61.25

0000252

Principal Place of Business
6711 JEFFERSON ST
NEW PORT RICHEY FL 34656
US

Mailing Address
P O BOX 1301
NEW PORT RICHEY FL 34656



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 59-2295398

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

CLAMP, JUDITH
12708 LITEUNOD DR
HUDSON FL 34669

Name JANE RANSOME

Street Address (P.O. Box Number is Not Acceptable)
3634 MURROW ST

City NEW PORT RICHEY FL Zip Code 34655

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.

JANE RANSOME

Jane Ransome

4-9-01

SIGNATURE Judith Clamp

Judith Clamp

4/9/01

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

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW:
FEE IS \$61.25

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 CD
NAME CLAMP, JUDITH
STREET ADDRESS 12708 LITEWOOD DR
CITY-ST-ZIP HUDSON FL 34669 ☒ Delete

TITLE CD
NAME JANE RANSOME
STREET ADDRESS 3634 MURROW ST
CITY-ST-ZIP NEW PORT RICHEY FL 34655 ☒ Change ☐ Addition

TITLE SVD
NAME BROUSSARD, BARBARA
STREET ADDRESS 8325 WOOD CREST DR
CITY-ST-ZIP PORT RICHEY FL 34668 ☒ Delete

TITLE SVD
NAME RUTH BLAKE
STREET ADDRESS 8341 FLAXEN ST
CITY-ST-ZIP PORT RICHEY FL 34668 ☒ Change ☐ Addition

TITLE TD
NAME CAPONERO, TERESA
STREET ADDRESS 8507 MOULTON DR
CITY-ST-ZIP PORT RICHEY FL 34668 ☒ Delete

TITLE TD
NAME BARBARA MARCHISIO
STREET ADDRESS 4409 RUDDER WAY
CITY-ST-ZIP NEW PORT RICHEY FL 34652 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE JMD
NAME DORIS WYATT
STREET ADDRESS 6108 CENTRAL AVE
CITY-ST-ZIP NEW PORT RICHEY FL 34653 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: JANE RANSOME JANE RANSOME 4-9-01 927-372-5644
4/9/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)