

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N24736

1. Entity Name

DISABLED AMERICAN VETERANS AUXILIARY, TITUSVILLE

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90123 022 ****61.25

Principal Place of Business COMMANDER/ADJUTANT 435 NORTH SINGLETON AVENUE TITUSVILLE FL 32796	Mailing Address COMMANDER/ADJUTANT 435 NORTH SINGLETON AVENUE TITUSVILLE FL 32796-2556
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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	Zip	Country

4. FEI Number 23-7337059	Applied For ☐	Not Applicable ☐
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent

~~PETTERSEN, PENNELOPE~~
~~4055 CUSHMAN DRIVE~~
~~MIMS FL 32754~~

7. Name and Address of New Registered Agent

Name: Veit, Jane
Street Address (P.O. Box Number is Not Acceptable): 5186 Bridge Road
City: Cocoa FL Zip Code: 32927

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: Jane Veit DATE: 1-29-2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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
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10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	FLEWELLIN, GAYLE J	
STREET ADDRESS	2291 CHRISTINE DRIVE	
CITY-ST-ZIP	TITUSVILLE FL 32796	
TITLE	VD	☐ Delete
NAME	BOYCE, JUDITH ARLENE	
STREET ADDRESS	481 NORTH WASHINGTON AVENUE, #32	
CITY-ST-ZIP	TITUSVILLE FL 32796	
TITLE	DT	☒ Delete
NAME	PETTERSEN, PENELOPE	
STREET ADDRESS	4055 CUSHMAN DRIVE	
CITY-ST-ZIP	MIMS FL 32754	
TITLE	S	☒ Delete
NAME	BASSETT, REBECCA M	
STREET ADDRESS	2957 HARTMAN LANE	
CITY-ST-ZIP	MIMS FL 32754	
TITLE	DC	☐ Delete
NAME	CAGNON, HELEN	
STREET ADDRESS	1409 VALENCIA ROAD	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DT	☐ Change ☒ Addition
NAME	Veit, Jane	
STREET ADDRESS	5186 Bridge Road	
CITY-ST-ZIP	Cocoa, Fl. 32927	
TITLE	S.	☐ Change ☒ Addition
NAME	Webber, Marian (Kelly)	
STREET ADDRESS	435 N. Singleton Avenue	
CITY-ST-ZIP	Titusville, Fl. 32796	
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: [Signature] DATE: Jan 29, 2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)