**FILED** 

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Jul 12, 2001 8:00 am **DÖCUMENT # N24736** Secretary of State 1. Entity Name 06-29-2001 90218 008 \*\*\*\*61.25 DISABLED AMERICAN VETERANS AUXILIARY, TITUSVILLE Principal Place of Business Mailing Address COMMANDER/ADJUTANT COMMANDER/ADJUTANT 435 NORTH SINGLETON AVENUE 435 NORTH SINGLETON AVENUE TITUSVILLE FL 32796 TITUSVILLE FL 32796 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 23-7337059 Not Applicable Zip Country Ζiρ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) **VEIT, JANE** 5186 BRIDGE ROAD COCOA FL 32927 City 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 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 Make Check Pavable to \$5.00 May Be Trust Fund Contribution. After September 12, 2001, min. will be \$236.25 Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition FLEWWELLIN, GAYLE J NAME NAME STREET ADDRESS STREET ADDRESS 2291 CHRISTINE DRIVE CITY-ST-ZIP CITY-ST-ZIP TITUSVILLE FL 32796 ☐ Change 😿 Addition TITLE Delete TITLE VΡ BOYCE, JUDITY ARLENE NAME NAME Stevens, Irene H. STREET ADDRESS 481 NORTH WASHINGTON AVENUE, #32 STREET ADDRESS 148 Palm Court CITY-ST-ZIP CITY+ST-ZiP-TITUSVILLE FL-32796~ Melbourne, Fl. DT TITLE ☐ Delete ☐ Change ☐ Addition VEIT, JANE NAME NAME 5186 BRIDGE ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **COCOA FL 32927** CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change NAME WEBBER, MARIAN NAME STREET ADDRESS STREET ADDRESS 435 N SINGLETON AVE CITY-ST-ZIP CITY-ST-ZIP TITUSVILLE FL 32796 $\overline{\mathbf{x}}$ ☐ Delete ☐ Change Addition TITLE TITLE CAGNON, HELEN NAME NAME 1409 VALENCIA ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITUSVILLE FL 32780 TITLE ☐ Delete TITLE Change XX Addition NAME NAME STREET ADDRESS STREET ADDRESS McDonald, Jean M. CITY-ST-ZIP 1287 Cheney Highway South Meadows 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Honda Statutes. 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 a address, with all other like empo SIGNATURE

001 UNIFORM BUSINESS REPORT (UBR) 6/29/01-90218-008-\$61.25-\$61.25

1	MENT# 124736  ABLED AMERICAN VET	יהסאוכ אוועדדד	ADV TIT	HEVILLE A	Hoel	hme	/	
UNI	T #109, INC.	TERANS AUXILI	ARI, TIT	(A)	9	761	/	
Principal Pla	ce of Business	Mailing Address	• •	—(LE)	<b>,</b>			
	DER/ADJUTANT rth Singleton Aver	COMMANDER/		ton Avenue				
	ille, F1. 32796		le, F1.	J				
	Place of Business	3. Mailing Address						
Suite, Apt	. #, etc.	Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·		DO NOT WRITE I	NITHIS SPACE		
City & Stat	te	City & State		4. FEI Numb	or	, Ar	oplied For	
Zip	Country	Zip	Country	23	7337059		ot Applicable	
<u> </u>			Country	5. Certificate	of Status Desired	\$8.75 Ad Fee Require	ditional	
	6. Name and Address of Current	Registered Agent	Name	7. Name and	Address of New Regis	stered Agent		
	Veit, Jane	<del>,</del>		Veit, Ja	ne	<u> </u>		
5186 Bridge Road Cocoa, F1. 32927			Siredi	Street Address (P.O. Box Number is Not Acceptable)  5186—Bridge Road				
•			City	Cocoa,		FL Zip Cod 329	27	
8. The above	named entity submits this statement lo	r the purpose of changing it	s registered office	or registered agent, or bot	h, in the state of Florida			
SIGNATURE .	Du Vec				6	124/01		
	Signature typed or printed name of registered agent a	and title if applicable. (NO	TE: Registered Agent sign	ature required when reinstating)		DATE		
-	FUE NOW:	9. Election Campaig  — Trust Fund Contril		\$5.00 May Be Added to Fees		heck Payable to		
10.	OFFICERS AND DIF	<u> </u>	· · · · · · · · · · · · · · · · · · ·		CONTRACTOR OF THE PARTY OF THE	A STATE OF THE STA		
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