2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N26260

1. Entity Name

DISABLED AMERICAN VETERANS AUXILIARY, UNIT #11,

FILED
Jan 29, 2000 8:00 am
Secretary of State
01-29-2000 90105 002 ****61.25

]			•		0.	22 2000 20103 0	02 01.23	
Principal Plac	ce of Business	Mailing Address						
D.A. V. HALL 119 S. BETTY LANE CLEARWATER FL 33756 US		Jeanne A. Lowe adj 266 skyloch dr, w. Dunedin Fl 34698-8145 US			 	āls klava šimo makā sikki saki d		6/8 (1 8 (6)) (88)
2. Principal I	Place of Business	3. Mailing Address						
DAV		Jeamne A. Lowe, ADJ.				418 H	Dinii Kinii Ainsi Kinii	Diell Glauf (90)
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN	LTHIS SPACE	
219	So Vetty Lane	266 SKyloch Dr. W.						
City & Sta		City & State			4. FEI Numbe	er 00 7004470		Applied For
Ølearwater Florida		Dunedin florida				23-7331172		Not Applied
Zip 33 7 5	6 Pinellas	Zip 34698-8145	Country Pinella	s	5. Certificate	of Status Desired	□ \$8.75 A Fee Requ	
	6. Name and Address of Current				7. Name and	Address of New Regis	tered Agent	
			=Name	Jea	nne A.	Lowe, ADj.		
10WE IF	Street	Street Address (P.O. Box Number is Not Acceptable)						
LOWE, JEANNE A 266 SKYLOCH DR. W				<u> 266</u>	Skyloc	h Dr. W.		
DUNEDIN FL 34698			City				FL RAGO	ode
\					<u>edin</u>		<u>U_=U</u> =	98 <u>-814</u>
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.								
		\cap		, 0				
SIGNATURE Jeanne A. Lowe, Adjutant Wanne A Jowe 1-24-2000								
	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE	: Registered Agent signs	ture required	when reinstating)		DATE	
	62	1	· 					
	FILE NOW:	9. Election Campaign			0 May Be		neck Payable	
	FEE IS \$61.25	Trust Fund Contribu	ution.	Added	to Fees	Depart	ment of State	9
10.	OFFICERS AND DIR	ECTORS	11.		ADDITIONS/CH	ANGES TO OFFICERS A	NO DIRECTORS	IN: 10
TITLE	CPD	☐ Delete	TITLE	T	IDDITIONO, OTI	NACO TO OTT TOETO A	☐ Change	
NAME	KIRKLAND, SHIRLEY		NAME	}				
STREET ADDRESS	1		STREET ADDRESS					
CITY-ST-ZIP	CLEARWATER FL 33756		CITY-ST-ZIP	L.				
TITLE	SVP	☐ Delete	TITLE	Sr.	Vice C	ommander		e 🔲 Additio
NAME	RAY, DOROTHY J		NAME	Bre	thauer.	Beverly		
STREET ADDRESS	250 ROSARY ROAD NW 3334		STREET ADDRESS		-	_Rd. NW_#3	34 .	
CITY-ST-ZIP	LARGO FL-33770	The second secon	CITY-ST-ZIP.	LLar	go FI	<u>~~~~ 33770`</u>		
TITLE	TD	☐ Delete	TITLE			•	Change	e 🔲 Additio
NAME Street adoress	TITTLE, ELIZABETH		NAME STREET ADDRESS	-				
CITY-ST-ZIP	810 AUDUBON DR. CLEARWATER FL 33764		CITY-ST-ZIP	}				
TITLE	D	☐ Delete	TITLE	 -			Change	e 🔲 Additio
NAME	GARRETT, RHEA	□ Delete	NAME	1			change	5Augalloi
STREET ADDRESS	11003 101ST AVE. NO.		STREET ADDRESS	ļ				,
CITY-ST-ZIP	SEMINOLE FL 33772		CITY-ST-ZIP	}				
TITLE	D	☐ Delete	TITLE	_			. X Change	Addition
NAME	LOWE, JEANNE A		NAME	Jea	nne A.	Lowe, Adjut	tant	
STREET ADDRESS	266 SKYLOCH DR. W.		STREET ADDRESS	266	Skyloc	h Dr. W.		
CITY-ST-ZIP	DUNEDIN FL 34698		CITY-ST-ZIP	Dun	<u>edin F</u>	L 34698		
TITLE		Delete	TITLE				☐ Change	e 🔲 Addition
NAME	27 - 2 gd	. •	NAME	l			•	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
	actification information and in the	this filling days and accepts of		1	No. 110 07(0)	o manda ou con de co		
iz. i nereby l	certify that the information supplied with	uns ming does not quanty for	the exemption sta	แลด เมื่ 260	::ion + 19.07(3)(i	i), Fiorida Statutes. I furtr	ier certify that the	intermation

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: Jeanne IAA Lowe Adjutant Hann SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-2000

727-734-3581

Daytime Phone #