

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 10, 2001 8:00 am
Secretary of State

05-10-2001 90052 039 ****61.25

DOCUMENT # N26260

1. Entity Name *

DISABLED AMERICAN VETERANS AUXILIARY, UNIT #11,

Principal Place of Business

D.A. V. HALL
219 SO BETTY LANE
CLEARWATER FL 33756
US

Mailing Address

JEANNE A. LOWE ADJ
266 SKYLOCH DR. W.
DUNEDIN FL 34698
US

2. Principal Place of Business

219 S BETTY LANE
Suite, Apt. #, etc.

3. Mailing Address

1325 YOUNG AVE S
Suite, Apt. #, etc.

City & State

Zip

Country

City & State

Zip

Country

4. FEI Number

23-7331172

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LOWE, JEANNE A.
266 SKYLOCH DR. W
DUNEDIN FL 34698-8145

7. Name and Address of New Registered Agent

Name: SHIRLEY KIRKLAND
Street Address (P.O. Box Number is Not Acceptable):
1325 YOUNG AVE SO
Clearwater FL
City: FL Zip Code: 33756

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: *Shirley Kirkland Adj*
Signature typed or printed name of registered agent and title if applicable.
SHIRLEY KIRKLAND

(NOTE: Registered Agent signature required when reinstating)

4/25/01
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD KIRKLAND, SHIRLEY 1325 YOUNG AVE CLEARWATER FL 33756	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVC BRETHAUER, BEVERLY 250 ROSARY ROAD NW 3334 LARGO FL 33770	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TITTLE, ELIZABETH 810 AUDUBON DR. CLEARWATER FL 33764	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARRETT, RHEA 11003 101ST AVE. NO. SEMINOLE FL 33772	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOWE, JEANNE A 266 SKYLOCH DR. W. DUNEDIN FL 34698	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD TITTLE ELIZABETH 255 PORTREE DUNEDIN, FL 34698	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVC NEWSOME DEXTER 1966 SEVER DR CLEARWATER, FL 33764	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LOWE, JEANNE 266 SKYLOCH DRW DUNEDIN, FL 34698	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARRETT, RHEA 11003 101ST AVENUE SEMINOLE, FL 33772	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIRKLAND, Shirley 1325 YOUNG AVESOUTH CLEARWATER, FL 33756	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Shirley Kirkland*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/01 727-443-4558
Date Daytime Phone #

CR2E037 (10/00)