

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 90712 005 \*\*\*\*61.25

**DOCUMENT # N26260**

1. Entity Name

**DISABLED AMERICAN VETERANS AUXILIARY, UNIT #11,  
 CLEARWATER, INC.**

Principal Place of Business

Mailing Address

**219 S BETTY LANE  
 CLEARWATER FL 33756  
 US**

**1325 YOUNG AVE S  
 CLEARWATER FL 33756  
 US**

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

**23-7331172**

Applied For

Not Applicable

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

**KIRKLAND, SHIRLEY  
 1325 YOUNG AVE S  
 CLEARWATER FL 33756**

Name  
 Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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

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

(NOTE: Registered Agent signature required when reinstating)

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 **CPO** ☐ Delete  
 NAME **TITTLE, ELIZABETH**  
 STREET ADDRESS **255 PORTREE**  
 CITY-ST-ZIP **DUNEDIN FL 34698**

TITLE **Commander** ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **SVC** ☒ Delete  
 NAME **NEWSOME, DEXTER**  
 STREET ADDRESS **1966 SEVER DR**  
 CITY-ST-ZIP **CLEARWATER FL 33764**

TITLE **SVC** ☒ Change ☐ Addition  
 NAME **Mande Montti**  
 STREET ADDRESS **24862 4519 N #1004**  
 CITY-ST-ZIP **clearwater FL 33763**

TITLE **TD** ☐ Delete  
 NAME **LOWE, JEANNE**  
 STREET ADDRESS **266 SKYLOCH DR W**  
 CITY-ST-ZIP **DUNEDIN FL 34698**

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

TITLE **D** ☐ Delete  
 NAME **GARRETT, RHEA**  
 STREET ADDRESS **11003 101ST AVE. NO.**  
 CITY-ST-ZIP **SEMINOLE FL 33772**

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

TITLE **D** ☐ Delete  
 NAME **KIRKLAND, SHIRLEY**  
 STREET ADDRESS **1325 YOUNG AVE S**  
 CITY-ST-ZIP **CLEARWATER FL 33756**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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: *Shirley Kirkland*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/6/02 727-443-4558**  
 Date Daytime Phone #

CR2E037 (9/01)