

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State
 05-16-2000 90173 017 ****61.25

DOCUMENT # N29508

1. Entity Name

DISABLED AMERICAN VETERANS AUXILIARY, JOHN T. HE

Principal Place of Business

Mailing Address

PO BOX 1425
 LAKE PANASOFFKEE FL 33538

PO BOX 1425
 LAKE PANASOFFKEE FL 33538-1425

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

NOT APPLICABLE

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

PLANNER, SANDRA
1380 CR 437
PO BOX 1741
LAKE PANASOFFKEE FL 33538

Name Hickman, Carrie

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

205 Southland Ave

P.O. Box 473

City Bushnell

FL

Zip Code 33573

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 Carrie Hickman

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

Carrie Hickman

(NOTE: Registered Agent signature required when reinstating)

4/27/00

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 ☒ Delete
 NAME **PD**
 STREET ADDRESS **PLANNER, SANDRA**
 CITY-ST-ZIP **1380 CR 437**
LAKE PANASOFFKEE FL 33538

TITLE ☒ Change ☐ Addition
 NAME Clark, Barbara
 STREET ADDRESS 403 Temple St.
 CITY-ST-ZIP Inverness, FL 34452

TITLE ☒ Delete
 NAME **TD**
 STREET ADDRESS **DOTY, MIRIAN**
 CITY-ST-ZIP **PO BOX 62**
LAKE PANASOFFKEE FL 33538

TITLE ☒ Change ☐ Addition
 NAME Hickman, Carrie
 STREET ADDRESS P.O. Box 473
 CITY-ST-ZIP Bushnell, FL 33513

TITLE ☒ Delete
 NAME **SD**
 STREET ADDRESS **MCDONALD, JOYCE**
 CITY-ST-ZIP **5729 N CR 470**
LAKE PANASOFFKEE FL

TITLE ☒ Change ☐ Addition
 NAME Hickman, Carrie
 STREET ADDRESS P.O. Box 473
 CITY-ST-ZIP Bushnell, FL 33513

TITLE ☒ Delete
 NAME **ADD**
 STREET ADDRESS **CLARK, BARBARA**
 CITY-ST-ZIP **403 TEMPLE ST**
INVERNESS FL 34452

TITLE ☒ Change ☐ Addition
 NAME Kurraach, Barbara
 STREET ADDRESS 3814 CR 405 N
 CITY-ST-ZIP Lake Panasoffkee, FL 33538

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Barbara Clark
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Barbara Clark 4/27/00

Date

352-326-2990

Daytime Phone #

CR2E037 (9/99)