

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N29508

1. Entity Name

DISABLED AMERICAN VETERANS AUXILIARY, JOHN T. HE
NSLEY UNIT # 96 INC.

Principal Place of Business

Mailing Address

PO BOX 1425
LAKE PANASOFFKEE FL 33538

PO BOX 1425
LAKE PANASOFFKEE FL 33538

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

HICKMAN, CARRIE
205 SOUTHLAND AVE
PO BOX 473
BUSHNELL FL 33573

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 PD ☐ Delete
NAME KURRASCH, BARBARA
STREET ADDRESS 3814 CR 405N
CITY-ST-ZIP LAKE PANASOFFKEE FL 33538

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

TITLE ST ☒ Delete
NAME BAUMGARTNER, DOLORES
STREET ADDRESS 11187 BLYTHVILLE
CITY-ST-ZIP SPRING HILL FL 34608

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

TITLE SRVT ☐ Delete
NAME CHURCH, LILA M
STREET ADDRESS 5760 SW 18TH TERRACE
CITY-ST-ZIP BUSHNELL FL 33513

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

TITLE TS ☒ Delete
NAME HICKMAN, CARRIE
STREET ADDRESS 205 SOUTHLAND PLACE P O BOX 473
CITY-ST-ZIP BUSHNELL FL 33513

TITLE Ad's/Treas. ☒ Change ☐ Addition
NAME Joyce McDonald
STREET ADDRESS 5729 N. CR 470
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 Kurrasch* Barbara Kurrasch 2/4/02 1-352-793-1286
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90152 049 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)