

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 29, 2000 8:00 am
Secretary of State

06-29-2000 90398 039 ****61.25

DOCUMENT # N30969

1. Entity Name

DISABLED AMERICAN VETERANS AUXILIARY, DEPARTMENT

Principal Place of Business

Mailing Address

17601 VETERANS WAY
 P. O. BOX 999
 MICANOPY FL 32667-7999

17601 VETERANS WAY
 P. O. BOX 999
 MICANOPY FL 32667-0999

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7331165

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MCCARTHY, LUCILLE O.
3420 BAYSHORE BLVD. NE
ST. PETERSBURG FL 33703

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 Delete
 NAME **PD LANGE, RAMONA M**
 STREET ADDRESS **1447 FOGGY RIDGE PARKWAY**
 CITY-ST-ZIP **LUTZ FL 33549**

TITLE Change Addition
 NAME **PD EGAN, Kay**
 STREET ADDRESS **1647 Country Club Parkway**
 CITY-ST-ZIP **Lehigh Acres, FL 33972**

TITLE Delete
 NAME **VPD EGAN, KAY**
 STREET ADDRESS **1647 COUNTRY CLUB PARKWAY**
 CITY-ST-ZIP **LEHIGH ACRES FL 33972**

TITLE Change Addition
 NAME **VPD SEARS, Alice**
 STREET ADDRESS **14 Ferdinand Lane**
 CITY-ST-ZIP **Palm Coast, FL 32137**

TITLE Delete
 NAME **VPD EGAN, KAY**
 STREET ADDRESS **104 COUNTRY CLUB PARKWAY**
 CITY-ST-ZIP **LEHIGH ACRES FL 33972**

TITLE Change Addition
 NAME **VPD EASTIN, Winona**
 STREET ADDRESS **10218 Noddy Tern Road**
 CITY-ST-ZIP **Brooksville, FL 34613**

TITLE Delete
 NAME **TD ROUSSEY, DELORES ANN**
 STREET ADDRESS **1447 FOGGY RIDGE PRKW**
 CITY-ST-ZIP **LUTZ FL 33549**

TITLE Change Addition

TITLE Delete
 NAME **SD BARZELOGNA, SUNNY JOAN**
 STREET ADDRESS **R 1 BOX 146-D**
 CITY-ST-ZIP **BUNNELL FL 32110**

TITLE Change Addition

TITLE Delete
 NAME **VPD DOUGLAS, AMELIA**
 STREET ADDRESS **7785 US HIGHWAY 17 SOUTH**
 CITY-ST-ZIP **ZOLFO SPRINGS FL 33890**

TITLE Change Addition
 NAME **VPD SORRENTINO, Bernadette**
 STREET ADDRESS **1054 Bacon Circle**
 CITY-ST-ZIP **Palm Bay, FL 32905**

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: Delores Ann Roussey Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/13/00

Date

941 332-4233

Daytime Phone #

CR2E037 (9/99)