

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N31821

1. Entity Name

DISABLED AMERICAN VETERANS AUXILIARY, GREATER DA

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90134 002 ****61.25

Principal Place of Business

Mailing Address

605 8TH STREET
HOLLY HILL FL 32117

605 8TH STREET
HOLLY HILL FL 32117-3371

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7331161

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

BROWN, LISELOTTE
131C
299 EDDIE AVE
HOLLY HILL FL 32117

Name

SAME

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

Liselotte Brown

1/10/00

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 C ☐ Delete
NAME BROWN, LISELOTTE
STREET ADDRESS 299 EDDIE AVE
CITY-ST-ZIP HOLLY HILL FL 32117

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

TITLE SRVC ☐ Delete
NAME CORMIER, JUNE
STREET ADDRESS 3010 ANCHOR DR
CITY-ST-ZIP ORMOND BEACH FL 32176

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

TITLE VD ☐ Delete
NAME SWEENEY, HELEN
STREET ADDRESS 1550 DAYTONA AVE
CITY-ST-ZIP HOLLYHILL FL 32117

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

TITLE T ☐ Delete
NAME SKORUSA, MARIAN
STREET ADDRESS 3171 S PENINSULA DR
CITY-ST-ZIP DAYTONA BEACH FL 32118

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

TITLE SD ☐ Delete
NAME CERVIZZI, CHRISTINE
STREET ADDRESS 3 PARADISE FALLS CIR
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE ☐ Change ☐ Addition
NAME SAME
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:

Liselotte Brown

REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/10/00 (904) 255-5486

CR2E037 (9/99)