

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N31821

1. Entity Name

DISABLED AMERICAN VETERANS AUXILIARY, GREATER DA

Principal Place of Business

605 8TH STREET  
HOLLY HILL FL 32117

Mailing Address

605 8TH STREET  
HOLLY HILL FL 32117

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

BROWN, LISELOTTE  
1316  
299 EDDIE AVE  
HOLLY HILL FL 32117

7. Name and Address of New Registered Agent

Name

MARJORIE D. DUFFY

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

876 COQUINA DRIVE WEST

City

DAYTONA BEACH

FL

Zip Code

32117

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.

MARJORIE D. DUFFY, CMDR.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/08/01

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

TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	BROWN, LISELOTTE	
STREET ADDRESS	299 EDDIE AVE	
CITY-ST-ZIP	HOLLY HILL FL 32117	
TITLE	SRVC	<input type="checkbox"/> Delete
NAME	CORMIER, JUNE	
STREET ADDRESS	3010 ANCHOR DR	
CITY-ST-ZIP	ORMOND BEACH FL 32176	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SWEENEY, HELEN	
STREET ADDRESS	1550 DAYTONA AVE	
CITY-ST-ZIP	HOLLY HILL FL 32117	
TITLE	T	<input type="checkbox"/> Delete
NAME	SKORUSA, MARIAN	
STREET ADDRESS	3171 S PENINSULA DR	
CITY-ST-ZIP	DAYTONA BEACH FL 32118	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CERVIZZI, CHRISTINE	
STREET ADDRESS	3 PARADISE FALLS CIR	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARJORIE D. DUFFY	
STREET ADDRESS	876 COQUINA DRIVE WEST	
CITY-ST-ZIP	DAYTONA BEACH, FL 32117	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

MARJORIE D. DUFFY  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/08/01 (904) 258-7878

FILED  
Jan 22, 2001 8:00 am  
Secretary of State

01-22-2001 90114 029 \*\*\*\*61.25

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DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)