

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 16, 2003 8:00 am**  
**Secretary of State**

01-16-2003 90086 026 \*\*\*\*61.25

**DOCUMENT # N31821**

1. Entity Name

**DISABLED AMERICAN VETERANS AUXILIARY, GREATER DAYTONA UNIT 84, INC.**



Principal Place of Business

**605 8TH STREET  
HOLLY HILL FL 32117**

Mailing Address

**605 8TH STREET  
HOLLY HILL FL 32117**

**20010274**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☒ CHECK HERE IF MAKING CHANGES

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

**DUFFY, MARJORIE D.  
876 COQUINA DRIVE WEST  
DAYTONA BEACH FL 32117**

7. Name and Address of New Registered Agent

Name

**JUNE CORMIER**

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

**3010 ANCHOR DR.**

City

**ORMOND BEACH**

**FL**

Zip Code

**32176**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **JUNE CORMIER, CMDR.**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/13/03**

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C DUFFY, MARJORIE D 876 COQUINA DRIVE WEST DAYTONA BEACH FL 32117</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SRVC CORMIER, JUNE 3010 ANCHOR DR ORMOND BEACH FL 32176</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD SWEENEY, HELEN 1550 DAYTONA AVE HOLLYHILL FL 32117</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T SKORUSA, MARIAN 3171 S PENINSULA DR DAYTONA BEACH FL 32118</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD CERVIZZI, CHRISTINE 3 PARADISE FALLS CIR ORMOND BEACH FL 32174</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C JUNE CORMIER 3010 ANCHOR DR ORMOND BEACH, FL 32176</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SRVC MARJORIE D. DUFFY 876 COQUINA DRIVE WEST DAYTONA BEACH, FL 32117</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD LOUISE BARRY 764 OSPREY DR PORT ORANGE, FL 32127</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E037 (10/02)

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: **JUNE CORMIER**

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT REQUIRED

**1/13/03 (386) 441-6099**