

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N33028

1. Entity Name

DISABLED AMERICAN VETERANS AUXILIARY - SGT. DAVI

Principal Place of Business

P.O. BOX 740698
ORANGE CITY FL 32774-0698

Mailing Address

P.O. BOX 740698
ORANGE CITY FL 32774-0698

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

23-7051060

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

VOELZ, VIVIAN
~~181 FOREST LANE~~
~~DEBARY FL 32743~~

101 GRAND PLAZA D. K4
ORANGE CITY FL 32763

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 DP ☐ Delete
NAME ~~BECKWITH, DELTA~~
STREET ADDRESS ~~4535 N NORMANDY BLVD.~~
CITY-ST-ZIP ~~DEBARY FL~~

TITLE DP ☒ Change ☐ Addition
NAME JO ANN PRICE
STREET ADDRESS 135 Lakewood Drive
CITY-ST-ZIP DeBary, FL 32713-2911

TITLE DP ☐ Delete
NAME BROWN, REBECCA
STREET ADDRESS 1935 VIOLET TERR
CITY-ST-ZIP DELTONA FL

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

TITLE DP ☐ Delete
NAME TUCHIN, ANN
STREET ADDRESS 200 SUNNYDALE DRIVE
CITY-ST-ZIP DEBARY FL

TITLE DB ☒ Change ☒ Addition
NAME CONNIE DUNNE
STREET ADDRESS 312 Lake Hester Rd
CITY-ST-ZIP Deland, Fla 32720

TITLE DP ☐ Delete
NAME VOELZ, VIVIAN
STREET ADDRESS ~~181 FOREST LANE~~ 101 GRAND PLZ DR
CITY-ST-ZIP ~~DEBARY FL~~ ORANGE CITY FL 32763

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

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:

Vivian Voelz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90480 012 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)