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

## **DOCUMENT # N33193**

1. Entity Name

2612 TAMPA STREET

TAMPA FL 33673-7561

City & State

P O BOX 7561

## DISABLED AMERICAN VETERANS AUXILIARY TAMPA UNIT



Mar 14, 2003 8:00 am Secretary of State 03-14-2003 90051 027 \*\*\*\*61 25

**FILED** 

#4, INC. DEPARTMENT OF FLORIDA Principal Place of Business

Mailing Address

3000000

2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 23-7331178 Applied For Not Applicable

Zip Country Zin Country

City & State

6815 NORTH 48TH ST

TAMPA FL 33610

\$8.75 Additional 5. Certificate of Status Desired Fee.Required 7. Name and Address of New Registered Agent

MCGUIRE, ELIZABETH CPA 🐪 4721 E 98TH AVE **TAMPA FL 33617** 

Name		
Street Address (P.O. Box Number is Not Acceptable)		
City		I 27. O. II.
City	FI	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

6. Name and Address of Current Registered Agent

(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 Florida Department of State

OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 VD TITLE ☐ Delete TIT) F ☐ Change ☐ Addition HANKINS, CAROLYN NAME NAME **807 E GROVE AVE** STREET ADORESS STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33612** CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change Addition MCFADDEN, BARBARA NAME NAME **6815 NORTH 48TH STREET** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33610** CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Addition ☐ Change GELVIN, HELEN NAME NAME STREET ADDRESS 6105 LAND O'LAKES BLVD STREET ADDRESS CITY-ST-ZIP LAND O'LAKES FL CITY-ST-ZIP TITLE ☐ Delete TITI F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

3-11-03 812 707 7077