

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N33868

1. Entity Name

DISABLED AMERICAN VETERANS AUXILIARY, GREATER SO

Principal Place of Business

805 S.E. 13TH ST.  
OCALA FL 34471-4453  
US

Mailing Address

805 S.E. 13TH ST.  
OCALA FL 34471-4453  
US

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

NOT APPLICABLE

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

GIBSON, ELLA MAE  
805 S.E. 13TH ST.  
OCALA FL 34471

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 GIBSON, ELLA MAE  
STREET ADDRESS 805 S.E. 13TH ST.  
CITY-ST-ZIP Ocala FL

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

TITLE DV ☒ Delete  
NAME NICOL, KITTY  
STREET ADDRESS 10251 S.W. 74TH CT.  
CITY-ST-ZIP Ocala FL

TITLE ☒ Change ☐ Addition  
NAME Patricia Calisi  
STREET ADDRESS 4545 S.W. 62nd St  
CITY-ST-ZIP Ocala, FL 34480

TITLE DV ☐ Delete  
NAME CARPENTER, MILDRED  
STREET ADDRESS 8854-C SW 91ST PLACE  
CITY-ST-ZIP Ocala FL

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

TITLE DT ☐ Delete  
NAME FISHER, CARRIE  
STREET ADDRESS 1811 NW 29TH AVENUE  
CITY-ST-ZIP Ocala FL

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

TITLE DS ☐ Delete  
NAME O'NEIL, LOUISE  
STREET ADDRESS 9220 B S.W. 90TH COURT  
CITY-ST-ZIP Ocala FL

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:

*SIGNATURE REQUIRED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/11/2000 (352) 733-0640

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE