

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90316 048 *****61.25

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DOCUMENT # N35658

1. Entity Name

PINELLAS PARK UNIT # 91. DISABLED AMERICAN VETER

Principal Place of Business

10100-46TH ST. N.
 PINELLAS PARK FL 34666-3712
 US

Mailing Address

PO BOX 801
 PINELLAS PARK FL 33780
 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

23-7334818

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**BILLINGTON, GLORIA
 5535 24TH AVE. NORTH
 ST. PETERSBURG FL 33710**

7. Name and Address of New Registered Agent

Name

Dolores Spino

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

2360 Ylmerston Road

City

Largo

FL

Zip Code

33771

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

TITLE	BB	<input checked="" type="checkbox"/> Delete
NAME	WEST, VIRGINIA	
STREET ADDRESS	6526 CREEKVIEW TERRACE	
CITY-ST-ZIP	PINELLAS PARK FL 33781	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	BILLINGTON, GLORIA	
STREET ADDRESS	5535 24TH AVENUE NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33710	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MANHARD, EDNA	
STREET ADDRESS	9769 - 39TH WAY N.	
CITY-ST-ZIP	PINELLAS PARK FL 33782	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Doucette, Audrey	
STREET ADDRESS	10200 63rd Lane No	
CITY-ST-ZIP	Pinellas Park, FL 33782	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	West, Virginia	
STREET ADDRESS	6526 Creekview Terrace	
CITY-ST-ZIP	Pinellas Park, FL 33781	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)