

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N35985

1. Entity Name

DISABLED AMERICAN VETERANS AUXILIARY BAY PINES H

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90053 036 ****70.00

Principal Place of Business Mailing Address
140 COREY AVENUE 140 COREY AVENUE
ST. PETERSBURG BEACH FL 33706 ST. PETERSBURG BEACH FL 33706-1814

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 23-7331174 Applied For Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MILLER, DOROTHY (DOTTY)
10751 CLARA LANE
ST. PETERSBURG FL 33708

7. Name and Address of New Registered Agent

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 *Dorothy (Dotty) Miller* 4-14-2000
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	PD	<input type="checkbox"/> Delete
NAME	BACHMAN, MARY	
STREET ADDRESS	3931 90TH TERRACE N	
CITY-ST-ZIP	PINELLAS PARK FL 33782	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SCHROETER, GRACE	
STREET ADDRESS	355 S. TESSIER DR.	
CITY-ST-ZIP	ST. PETERSBURGH BEACH FL 33706	
TITLE	TD	<input type="checkbox"/> Delete
NAME	REESE, VIVIAN	
STREET ADDRESS	8788 118TH WAY NORTH	
CITY-ST-ZIP	SEMINOLE FL 33772	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MILLER, DOROTHY (DOTTY)	
STREET ADDRESS	10761 CLARA LANE	
CITY-ST-ZIP	ST PETERSBURG FL 33708	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GENEVIEVE, HALSTEAD	
STREET ADDRESS	3113 70TH LANE N.	
CITY-ST-ZIP	ST PETERSBURG FL 33210	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRACE SCHROETER	
STREET ADDRESS	355 S. TESSIER DRIVE	
CITY-ST-ZIP	ST PETERSBURG BEACH, FLA 33706	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GENEVIEVE HALSTEAD	
STREET ADDRESS	3113 70th LANE NORTH	
CITY-ST-ZIP	ST PETERSBURG, FLORIDA 33710	
TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REESE, VIVIAN	
STREET ADDRESS	8788 118th WAY NORTH	
CITY-ST-ZIP	SEMINOLE, FLORIDA 33772	
TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, DOROTHY (DOTTY)	
STREET ADDRESS	10761 CLARA LANE	
CITY-ST-ZIP	ST PETERSBURG, FLORIDA 33708	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALICH, BETTY	
STREET ADDRESS	2628 28th STREET NORTH	
CITY-ST-ZIP	ST PETERSBURG, FLORIDA 33713	
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: *Dorothy (Dotty) Miller* DOROTHY (DOTTY) MILLER 4-14-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)