

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N35985**

1. Entity Name

**DISABLED AMERICAN VETERANS AUXILIARY BAY PINES H**

Principal Place of Business

**140 COREY AVENUE  
ST. PETERSBURG BEACH FL 33706**

Mailing Address

**140 COREY AVENUE  
ST. PETERSBURG BEACH FL 33706**

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

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

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

(NOTE: Registered Agent signature required when reinstalling)

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	PD	<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	HALSTEAD, GENEVIEVE	
STREET ADDRESS	3113 70TH LANE N.	
CITY-ST-ZIP	SAINT PETERSBURG FL 33710	

TITLE	VD	<input type="checkbox"/> Delete
NAME	ALICH, BETTY	
STREET ADDRESS	2628 28TH ST NORTH	
CITY-ST-ZIP	SAINT PETERSBURG FL 33713	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	

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: DOROTHY (DOTTY) MILLER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-21-01 727-391-6375**

Date

Daytime Phone #

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**

04-26-2001 90029 045 \*\*\*\*70.00

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CR2E037 (10/00)