2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2002 8:00 am
Secretary of State
05-01-2002 91495 018 ****70.00

DOCUMENT # N35985

1. Entity Name

DISABLED AMERICAN VETERANS AUXILIARY BAY PINES H OLIDAY ISLES #13, INC.

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

[redacted]

DO NOT WRITE IN THIS SPACE

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	7. Name and Address of New Registered Agent
MILLER, DOROTHY (DOTTY) 10751 CLARA LANE ST. PETERSBURG FL 33708	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 Dorothy (Dotty) Miller 4-20-02
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BACHMAN, MARY 3931 90TH TERRACE N PINELLAS PARK FL 33782	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD COMMANDER: ELEANOR FRANKO 7841 1st AVENUE S. ST PETERSBURG, FLORIDA 33707	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SCHROETER, GRACE 355 S. TESSIER DR. ST. PETERSBURGH BEACH FL 33706	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SR VICE COMMANDER LINDA FARLEY 5756 ORANGE ROAD SEMINOLE, FLORIDA 33772	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD REESE, VIVIAN 8788 118TH WAY NORTH SEMINOLE FL 33772	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD TREASURER VIVIAN REESE 8788 118th WAY N. SEMINOLE, FLORIDA 33772	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MILLER, DOROTHY (DOTTY 10761 CLARA LANE ST PETERSBURG FL 33708	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ADJUTANT DOROTHY (DOTTY) MILLER 10761 CLARA LANE ST PETERSBURG, FLORIDA 33708	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HALSTEAD, GENEVIEVE 3113 70TH LANE N. SAINT PETERSBURG FL 33710	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD JR VICE COMMANDER MARY BETH SHEIRS 10722 16th AVENUE N. ST PETERSBURG, FLORIDA 33710	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ALICH, BETTY 2628 28TH ST NORTH SAINT PETERSBURG FL 33713	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD CHAPLAIN LORRAINE BREWER 11175 58th AVENUE N. SEMINOLE, FLORIDA 33772	☒ Change ☐ Addition

CR2E037 (9/01)

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 4-20-02 727-391-6375
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #