

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90488 032 \*\*\*\*70.00

**DOCUMENT # N35985**

1. Entity Name

**DISABLED AMERICAN VETERANS AUXILIARY BAY PINES HOLIDAY ISLES #13, INC.**



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **23-7331174**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **DOROTHY ( DOTTY ) MILLER**

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

(NOTE: Registered Agent signature required when reinstating)

**4-19-03**

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PDC** ☐ Delete  
NAME **FRANKO, ELEANOR**  
STREET ADDRESS **7841 1ST AVENUE S**  
CITY-ST-ZIP **SAINT PETERSBURG FL 33707**

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

TITLE **PDC** ☐ Delete  
NAME **FARLEY, LINDA**  
STREET ADDRESS **5756 ORANGE ROAD**  
CITY-ST-ZIP **SEMINOLE FL 33772**

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

TITLE **TD** ☐ Delete  
NAME **REESE, VIVAN**  
STREET ADDRESS **8788 118TH WAY NORTH**  
CITY-ST-ZIP **SEMINOLE FL 33772**

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

TITLE **SDA** ☐ Delete  
NAME **MILLER, DOROTHY D**  
STREET ADDRESS **10761 CLARA LANE**  
CITY-ST-ZIP **ST PETERSBURG FL 33708**

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

TITLE **VDVC** ☒ Delete  
NAME **SHEIRS, MARY B**  
STREET ADDRESS **10722 16TH AVENUE N**  
CITY-ST-ZIP **SAINT PETERSBURG FL 33710**

TITLE **VDVC** ☒ Change ☐ Addition  
NAME **MARGE ROBINSON**  
STREET ADDRESS **12033 PARK BLVD.**  
CITY-ST-ZIP **SEMINOLE, FLORIDA 33772**

TITLE **VDC** ☐ Delete  
NAME **BREWER, LORRAINE**  
STREET ADDRESS **11175 58TH AVENUE N**  
CITY-ST-ZIP **SEMINOLE FL 33772**

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: *Dorothy (Dotty) Miller*

**4-19-03 727-391-6375**

CR2E037 (10/02)