

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N36585

1. Entity Name

DISABLED AMERICAN VETERAN'S AUXILIARY - UNIT #75 INC.

Principal Place of Business

Mailing Address

**FIRST BAPTIST CHURCH
1735 JACKSON ST.
FORT MYERS FL 33901**

**ROSEMARIE MCDONALD
212 NW 18TH PLACE
CAPE CORAL FL 33993**

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 **65-0326175**

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

**MCDONALD, ROSEMARIE
212 NW 18TH PLACE
CAPE CORAL FL 33993**

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 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
**TSD
MCDONALD, ROSEMARIE
212 NW 18TH PLACE
CAPE CORAL FL 33993** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
DICKMYER, MARY J
10315 PENNSYLVANIA
BONITA SPRINGS FL 34135** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
CACCIOLFI, SARA
1207 S.E. 30TH TERRACE
CAPE CORAL FL 33904** ☐ Delete

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

TITLE
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☐ Change ☐ Addition

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:

Rosemarie McDonald

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 27, 2002

Date

Daytime Phone #

(239-283-7531)

FILED
Apr 07, 2002 8:00 am
Secretary of State

04-07-2002 90059 042 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (9/01)