

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N41346

1. Entity Name

DISABLED AMERICAN VETERANS AUXILIARY, PORT ST. L

Principal Place of Business

C/O GRACE A. MCLAUGHLIN  
1150 SW CALIFORNIA BLVD  
PORT ST. LUCIE FL 34953

Mailing Address

C/O GRACE A MCLAUGHLIN  
1355 SE STARKLAKE CT.  
PT ST LUCIE FL 34952  
US

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

NOT APPLICABLE

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

MCLAUGHLIN, GRACE A.  
1355 S.E. STARKLAKE COURT  
PT. ST. LUCIE FL 34952 34952

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 Grace A. McLaughlin

4-25-01

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 DP ☒ Delete  
NAME MCCUMBER, FREDIA  
STREET ADDRESS 2193 SE TRIUMPH ROAD  
CITY-ST-ZIP PORT ST. LUCIE FL 34952

TITLE DP ☒ Change ☐ Addition  
NAME McLaughlin, Grace A.  
STREET ADDRESS 1355 SE Starklake Ct.  
CITY-ST-ZIP Port St. Lucie, FL. 34985

TITLE DTS ☐ Delete  
NAME MCLAUGHLIN, GRACE A.  
STREET ADDRESS 1355 SE STARKLAKE COURT  
CITY-ST-ZIP PT. ST. LUCIE FL

TITLE DS ☒ Change ☐ Addition  
NAME Frost, Jean  
STREET ADDRESS 2937 SW Bridge Street  
CITY-ST-ZIP Port St. Lucie, FL. 34953

TITLE DV ☒ Delete  
NAME CLARK, ELEANOR  
STREET ADDRESS 1690 SE OCEAN LANE  
CITY-ST-ZIP PT ST LUCIE FL 34983

TITLE DT ☒ Change ☐ Addition  
NAME Schuette, Nancy  
STREET ADDRESS 494 SW Columbus Drive  
CITY-ST-ZIP Port St. Lucie, FL. 34953

TITLE DV ☐ Delete  
NAME BERNER, CELESTE  
STREET ADDRESS 278 NE CAMEO WAY  
CITY-ST-ZIP JENSEN BEACH FL 34957

TITLE DV ☐ Change ☐ Addition  
NAME Berner, Celeste  
STREET ADDRESS 278 NE Cameo Way  
CITY-ST-ZIP Jensen Beach, FL. 34957

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DV ☐ Change ☒ Addition  
NAME Scarlato, Laraine  
STREET ADDRESS 620 NW San Candido Way  
CITY-ST-ZIP Port St. Lucie, FL. 34986

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: Grace A. McLaughlin

4-25-01 (561) 335-1489

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)