

2000 UNIFORM BUSINESS REPORT (UBR)

4/3

DOCUMENT # N44797

1. Entity Name

DISABLED AMERICAN VETERANS AUXILIARY, POLK COUNT

FILED
May 15, 2000 8:00 am
Secretary of State

04-03-2000 90173 023 ****61.25

Principal Place of Business

303 S. VETERANS AVE.
LAKELAND FL 33801

Mailing Address

6335
6335 LAKE LUTHER RD
LAKELAND FL 33805-7601
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

23-7331197

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

SMELTZ, GLADYS
6335 LAKE LUTHER ROAD
LAKELAND FL 33805

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	CD	<input type="checkbox"/> Delete
NAME	OSBORNE, MARY	
STREET ADDRESS	200 E. ROBSON ST	
CITY-ST-ZIP	LAKELAND FL 33805-1929	
TITLE	SCD	<input type="checkbox"/> Delete
NAME	HAMILTON, RACHEL	
STREET ADDRESS	200 E. ROBSON ST	
CITY-ST-ZIP	LAKELAND FL 33805-1929	
TITLE	VCD	<input type="checkbox"/> Delete
NAME	MERRIAM, FLORA	
STREET ADDRESS	3703 MAXWELL RD	
CITY-ST-ZIP	PLANT CITY FL 33566	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SMELTZ, GLADYS	
STREET ADDRESS	6335 LAKE LUTHER RD	
CITY-ST-ZIP	LAKELAND FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	CD	GLADYS SMELTZ	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		COMMANDER	
STREET ADDRESS		6335 LAKE LUTHER RD	
CITY-ST-ZIP		LAKELAND FL 33805	
TITLE	SCD	SR VICE COMMANDER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		DOROTHY CARTRELL	
STREET ADDRESS		69 LAKE BULEAH DR	
CITY-ST-ZIP		LAKELAND FL 33815	
TITLE	VCD	SR VICE COMMANDER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		SUE HENDERSON	
STREET ADDRESS		5542 HARVEY TEW RD	
CITY-ST-ZIP		PLANT CITY FL	
TITLE	TD	MILLIE BOATFIELD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		TREASURER	
STREET ADDRESS		1700 65 ST NW #A25	
CITY-ST-ZIP		WINTER HAVEN FL 33881	
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 517, 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: *GLADYS SMELTZ* *Commander* *688-1372*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)