

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N44797

1. Entity Name

DISABLED AMERICAN VETERANS AUXILIARY, POLK COUNTY  
UNIT NO. 28, INC.

Principal Place of Business

Mailing Address

303 S. VETERANS AVE.  
LAKE LAND FL 33801

6335 LAKE LUTHER RD  
LAKE LAND FL 3380  
US

**FILED**  
**Aug 25, 2002 8:00 am**  
**Secretary of State**

08-25-2002 90195 012 \*\*\*\*61.25

0013464



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 <b>23-7331197</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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 LAKE LAND FL 33805		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,  
min. will be \$236.25.

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	SCD GARTRELL, DOROTHY 69 LAKE BULEAH DR. LAKE LAND FL 33815 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SCD THERESA NICHOLS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 704 E VALENCIA ST LAKE LAND FL 33805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD HENDERSON, SUE 5542 HARVEY TEW RD PLANT CITY FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD JUDITH MERRILL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11 COLLIER AVE LAKE LAND FL 33815
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BOATFIELD, MILLIE 1700 -6TH ST. NW #A25 WINTER HAVEN FL 33881 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ALICE M. NUTLEY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1331 OAKHILL ST #36 LAKE LAND FL 33815
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SMELTZ, GLADYS 6335 LAKE LUTHER RD LAKE LAND FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*[Signature]* REQUIRED

8/20/2002

(863)688-1372

CR2E037 (4/02)