

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N45843

1. Entity Name

DISABLED AMERICAN VETERANS AUXILIARY, INC.

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90068 005 ****61.25

Principal Place of Business

Mailing Address

21725 BELL LAKE RD
LANDO'LAKES FL 34639
US

21725 BELL LAKE RD
COMMUNITY CENTER
LANDO'LAKES FL 34639-4427
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

59-3101330

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

HENRY, NANCY A
21725 BELL LAKE ROAD
LAND O'LAKES FL 34639

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 PD ☐ Delete
NAME MITCHELL, ADRIENNE F
STREET ADDRESS 22912 CYPRESS TRAIL DRIVE
CITY-ST-ZIP LUTZ FL 33549

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

TITLE TD ☐ Delete
NAME HENRY, NANCY
STREET ADDRESS 21725 BELL LAKE RD.
CITY-ST-ZIP LAND O LAKES FL 34639

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

TITLE D ☐ Delete
NAME GUTTING, FRANCES J
STREET ADDRESS 23510 PINE LAKE STREET
CITY-ST-ZIP LAND O'LAKES FL 34639

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

TITLE D ☒ Delete
NAME JENSON, ANTONIA
STREET ADDRESS 7426 ST MATHEW RD
CITY-ST-ZIP LAND O'LAKES FL 34639

TITLE ☐ Change ☒ Addition
NAME WILLIAMS, MARY
STREET ADDRESS 18525 PARSLEY LANE
CITY-ST-ZIP SPRING HILL, FL 34610

TITLE D ☐ Delete
NAME VOLKMAN, ANNA
STREET ADDRESS 2508 MOBILAIRE DRIVE
CITY-ST-ZIP LUTZ FL 33549

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

Nancy A. Henry **REQUIRED** NANCY A. HENRY 3/7/00

CR2E037 (9/99)