

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 20, 2001 8:00 am  
Secretary of State

02-20-2001 90014 006 \*\*\*\*61.25

DOCUMENT # N46795

1. Entity Name

DISABLED AMERICAN VETERANS AUXILIARY SUWANNEE ME

Principal Place of Business

DAV OFFICE  
LIVE OAK FL 32060  
US

Mailing Address

226 PARSHLEY ST.  
LIVE OAK FL 32060  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

suwannee Co.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

USA

4. FEI Number

51-0183078

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MCMULLEN, SUSIE L.  
1115 SW BLACKBURN  
LIVE OAK FL 32060

7. Name and Address of New Registered Agent

Name: Susie L. McMullen  
Street Address (P.O. Box Number is Not Acceptable):  
1115 SW BLACKBURN  
Live Oak,  
City: FL Zip Code: 32060

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: Susie L. McMullen

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

TITLE: PC  
NAME: CREWS, BONNIE  
STREET ADDRESS: 9095 137 RD.  
CITY-ST-ZIP: LIVE OAK FL 32060 ☐ Delete

TITLE: DT  
NAME: TAYLOR, FERN  
STREET ADDRESS: 11533 24 ST  
CITY-ST-ZIP: LIVE OAK FL 32060 ☐ Delete

TITLE: C  
NAME: SHELTON, EVELYN  
STREET ADDRESS: 17311 10TH TERR  
CITY-ST-ZIP: LIVE OAK FL 32060 ☐ Delete

TITLE: DS  
NAME: MCMULLEN, SUSIE L  
STREET ADDRESS: 1115 SW BLACKBURN  
CITY-ST-ZIP: LIVE OAK FL 32060 ☐ Delete

TITLE: D  
NAME: RICE, CLARITA  
STREET ADDRESS: 1224 IRVIN AVE  
CITY-ST-ZIP: LIVE OAK FL 32060 ☐ Delete

TITLE: D  
NAME: CHILDRESS, RUTH  
STREET ADDRESS: 1007 SUWANNEE AVE  
CITY-ST-ZIP: LIVE OAK FL 32060 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: C  
NAME: CREWS, BONNIE  
STREET ADDRESS: 9095 137 RD.  
CITY-ST-ZIP: LIVE OAK, FL. 32060 ☒ Change ☐ Addition

TITLE: DT  
NAME: TAYLOR, FERN  
STREET ADDRESS: 11533 24TH ST.  
CITY-ST-ZIP: LIVE OAK, FL. 32060 ☐ Change ☐ Addition

TITLE: PC  
NAME: Shelton, Evelyn  
STREET ADDRESS: 17311 10th Terr.  
CITY-ST-ZIP: LIVE OAK, FL. 32060 ☒ Change ☐ Addition

TITLE: DS  
NAME: McMullen, Susie L.  
STREET ADDRESS: 1115 SW Blackburn  
CITY-ST-ZIP: LIVE OAK, FL. 32060 ☐ Change ☐ Addition

TITLE: D  
NAME: Rice, Clarita  
STREET ADDRESS: 1224 Irvin Ave  
CITY-ST-ZIP: LIVE OAK, FL. 32060 ☐ Change ☐ Addition

TITLE: D  
NAME: Childress, Ruth  
STREET ADDRESS: 1007 Suwannee Ave  
CITY-ST-ZIP: LIVE OAK, FL. 32060 ☐ 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: Fern W. Taylor (Fern W. Taylor) 2/13/01 (386) 842-2262  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)