

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N47216

1. Entity Name

DISABLED AMERICAN VETERANS AUXILIARY, MORRIS C.  
c/o Nina L. Beverly, Adjutant

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90011 001 \*\*\*\*61.25

Principal Place of Business Mailing Address  
~~4800 W. WATKINS DRIVE~~ ~~4800 WATKINS DRIVE~~  
ST. AUGUSTINE FL 32095 ST. AUGUSTINE FL 32095-3465



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address  
8 Joiner Street 8 Joiner Street  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State 32084  
St. Augustine, FL 32084 St. Augustine, FL  
Zip Country Zip Country  
32084 USA 32084 USA

4. FEI Number 59-2529950 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  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code  
ELLIOTT, CARLA J  
228 LOBELIA RD.  
ST AUGUSTINE FL 32086

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing ☐ \$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	PD LEE, SHIRLEY 2 ALICE ST ST AUGUSTINE FL <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	TD MOLLGREN, MARY 32 FULLERWOOD DR. ST AUGUSTINE FL <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	SD BEVERLY, NINA L. 8 JOINER ST. ST. AUGUSTINE FL <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
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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: Shirley Lee P. Commander  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/20/00 904 829-5042  
Date Daytime Phone #

CR2E037 (9/99)