

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N47216

1. Entity Name

DISABLED AMERICAN VETERANS AUXILIARY, MORRIS C.

Principal Place of Business

8 JOINER STREET  
SAINT AUGUSTINE FL 32084

Mailing Address

8 JOINER STREET  
SAINT AUGUSTINE FL 32084

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

59-2529950

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

ELLIOTT, CARLA J  
228 LOBELIA RD.  
ST AUGUSTINE FL 32086

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 NAME PD LEE, SHIRLEY ☐ Delete  
STREET ADDRESS 2 ALICE ST  
CITY-ST-ZIP ST AUGUSTINE FL

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

TITLE NAME TD MOLLGREN, MARY ☐ Delete  
STREET ADDRESS 32 FULLERWOOD DR.  
CITY-ST-ZIP ST AUGUSTINE FL

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

TITLE NAME SD BEVERLY, NINA L. ☐ Delete  
STREET ADDRESS 8 JOINER ST.  
CITY-ST-ZIP ST. AUGUSTINE FL

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
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: Shirley Lee DATE REQUIRED 2/05/01 (904) 829-5042  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED  
Feb 08, 2001 8:00 am  
Secretary of State

02-08-2001 90381 041 \*\*\*\*61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)