## 2002 UNIFORM BUSINESS REPORT (UBR) FILED Jul 30, 2002 8:00 am DOCUMENT # N9900001472 **Secretary of State** THE ZEPHYRHILLS FLORIDA UNIT 65, DAVA CORPORATIO 07-16-2002 90356 015 \*\*\*\*61 Principal Place of Business Mailing Address 5325 8TH STREET 5325 8TH STREET ZEPHYRHILLS FL 33549\_ 33542 ZEPHYRHILLS FL 83548 3354入 39933 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 23-7331152 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) AMERMAN, MINNIE F 7138 FORT KING ROAD ZEPHYRHILLS FL 33541 City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Addition TITLE ☐ Delete TITLE AMERMAN, MINNIE F NAME STREET ADDRESS 7138 FORT KING ROAD STREET ADDRESS CITY-ST-ZIP ZEPHYRHILLS FL 33541 CITY-ST-ZIF ☐ Addition ☐ Change ☐ Delete TITLE TITLE DAWN, JOLA NAME NAME STREET ADDRESS STREET ADDRESS 4901 GARDEN STREET CITY-ST-ZIP CITY-ST-ZIP ZEPHYRHILLS FL 33541 Delete. Addition TITLE TITLE. . Bangus, FRANCES John LUSLTER, BETTY NAME NAME 5335 6th ST STREET ADDRESS STREET ADDRESS 38045 6TH AVENUE CITY-ST-ZIP CITY-ST-7iP ZEPHYRHILLS FL 33541 Delete Delete Addition TITLE TITLE USSETT LENATION DOWNS, AGGIE S NAME NAME 9732 MEDICINE BOW DA STREET ADDRESS 38604 PRETTY POND ROAD STREET ADDRESS FI 33542 CITY-ST-ZIP CITY-ST-ZIP ZEPHYRHILLS FL 33541 ephynhills. SULLIVAN BERALDINE Addition Delete TITLE MCCOY, CATHLEEN NAME NAME 4708 GOIDFINCH DR STREET ADDRESS STREET ADDRESS 7334 RYMAN LOOP Zophyrhills F1 33541 CITY-ST-7IP CITY-ST-ZIP ZEPHYRHILLS FL 33541 ☐ Delete TITLE TITI F Scarford, LIllAN SCARFORD, LILLIAN NAME NAME 38544 Calvin AVE STREET ADDRESS STREET ADDRESS 38544 CALVIN AVENUE

2. 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 11.1 changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE: TO SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

ZEPHYRHILLS FL 33540

CITY-ST-ZIP

1/26/02 813

Daytime Phone #

CR2E037 (9/01)

2002 UNIFORM BUSINESS REPORT (UBR)

THE ZEPHYRHILLS FLORIDA UNIT 65, DAVA CORPORATIO				39933			
Principal Place of Business	Mailing Address			$\dashv$			
5325 8TH STREET ZEPHYRHILLS FL 33540	5325 8TH STREET ZEPHYRHILLS FL 33540	5325 8TH STREET ZEPHYRHILLS FL 33540					
2. Principal Place of Business	3. Malling Address	3. Mailing Address  Suite, Apt. #, etc.  City & State			DO NOT WRITE IN THIS SPACE  4. FEI Number		
Suite, Apt. #, etc.	Suite, Apt. #, etc.						
City & State	City & State						
Zip Country	Zip	Cou	ntry	2	3-7331152		Applied For Not Applicat
6. Name and Address of Currer	nt Registered Agent	L,		5. Certificate of S	_	Fee Reg.	Additional uired
	Triogistored Agent		Name	7. Name and Add	fress of New Register	ed Agent	
Amerman, minnie f 7138 Fort King Road ~ Zephyrhills fl 33541		ŀ	Street Address (P.O. Box Number is Not Acceptable)				
					F	Zip C	ode
GNATURE Signature, typed or printed name of registered egent	t and title if applicable. (NOTE	: Registered A	igent signature required		the State of Florida. I a		th, and accep
Signature, typed or printed name of registered agent  After September 13, 2002, min. will be \$236,25.	9. Election Cam Trust Fund Co	:: Registered A	igent signature required		DATE Make Che	·	e to
Signature, typed or printed name of registered agent  After September 13, 2002,  min. will be \$236.25.  OFFICERS AND DIF	9. Election Cam Trust Fund Co	:: Registered A	ancing	\$5.00 May Be Added to Fees	Make Che Departm	ck Payablent of Sta	e to
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