

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90212 031 ****61.25

DOCUMENT # N99000001472

1. Entity Name

**THE ZEPHYRHILLS FLORIDA UNIT 65, DAVA CORPORATIO
N**



Principal Place of Business

**5325 8TH STREET
ZEPHYRHILLS FL 33542**

Mailing Address

**5325 8TH STREET
ZEPHYRHILLS FL 33542**

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 **23-7331152**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

70005570



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AMERMAN, MINNIE F
7138 FORT KING ROAD
ZEPHYRHILLS FL 33541**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE MINNIE F. Amerman Commander

Minnie F. Amerman

1-13-03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **AMERMAN, MINNIE F**
STREET ADDRESS **7138 FORT KING ROAD**
CITY-ST-ZIP **ZEPHYRHILLS FL 33541**

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

TITLE ☐ Delete
NAME **D DAWN, JOLA**
STREET ADDRESS **4901 GARDEN STREET**
CITY-ST-ZIP **ZEPHYRHILLS FL 33541**

TITLE ☐ Change ☐ Addition
NAME **JOLA DAWN**
STREET ADDRESS
CITY-ST-ZIP **Corrections of Name spelled wrong**

TITLE ☐ Delete
NAME **D BAUGUS, FRANCES J**
STREET ADDRESS **5335 6TH STREET**
CITY-ST-ZIP **ZEPHYRHILLS FL 33542**

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

TITLE ☐ Delete
NAME **S RUSSELL, LENA KAY**
STREET ADDRESS **39732 MEDICINE BOW DRIVE**
CITY-ST-ZIP **ZEPHYRHILLS FL 33542**

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

TITLE ☐ Delete
NAME **D SULLIVAN, GERALDINE**
STREET ADDRESS **4708 GOLD FINCH DRIVE**
CITY-ST-ZIP **ZEPHYRHILLS FL 33541**

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

TITLE ☐ Delete
NAME **D SCARFORD, LILLIAN**
STREET ADDRESS **38544 CALVIN AVENUE**
CITY-ST-ZIP **ZEPHYRHILLS FL 33542**

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: MINNIE F. AMERMAN Commander
Minnie F. Amerman

1-13-03

913-983-7012

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)