2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 739125

1. Entity Name

JAMES H. KNIGHT - POST 10095 VETERANS OF FOREIGN

FILED
Jul 13, 2000 8:00 am
Secretary of State
07-13-2000 90019 041 ****61.25

Principal Place of Business	Mailing Address
RT 5 BOX 9900 HILLIARD FL 32046 US	P.O. BOX 643 HILLIARD FL 32046 US

DO NOT WRITE IN THIS SPACE

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 23-7078833 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BROWN, JOHN N
974 EULA-B RD
CALLAHAN FL 32011

7. Name and Address of New Registered Agent

Name GARVER, GARY A
Street Address (P.O. Box Number is Not Acceptable) 642 Middle Rd
City CALLAHAN ~~FL 32011~~ FL Zip Code 32011

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 VD GARY A GARVER 7/8/00
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
After September 13, 2000 min. will be $236.25

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 / STREET ADDRESS / CITY-ST-ZIP	TD GARVER, GARY 642 MIDDLE ROAD CALLAHAN FL 32011	☐ Delete	VD GARVER, GARY 642 Middle Rd CALLAHAN FL 32011	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BROWN, JOHN N 974 EULA-B ROAD CALLAHAN FL 32011	☐ Delete	TD BROWN, JOHN N 974 Eula-B Rd Callahan FL 32011	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD WINE, DANA E #1 WINE ROAD HILLIARD FL 32046	☐ Delete	TD Wine, Dana E #1 Wine Road Hilliard FL 32046	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (5/00)

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: SIGNATURE REQUIRED GARY GARVER 7/8/00 904 398 8537
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #