

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2000 8:00 am**  
**Secretary of State**

03-31-2000 90011 030 \*\*\*\*70.00

**DOCUMENT # 748814**

1. Entity Name

**ALLIED VETERANS OF THE WORLD, INC: AND AFFILIATES**

Principal Place of Business

Mailing Address

1302 N PONCE DE LEON  
 ST AUGUSTINE FL 32084  
 US

650 W POPE ROAD  
 #245  
 ST AUGUSTINE FL 32084-5830  
 US

2. Principal Place of Business

1965 STATE ROAD #16  
 Suite, Apt. #, etc.

3. Mailing Address *Allied Veterans of*

*the World Inc & Affiliates HQ*  
 Suite, Apt. #, etc.  
 P.O. Box 840149



DO NOT WRITE IN THIS SPACE

City & State

ST AUGUSTINE FL

City & State

ST. AUGUSTINE FLORIDA

4. FEI Number

59-1951577

Applied For

Not Applicable

Zip

Country

ST. JOHNS

Zip

32084

Country

USA

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

HAROLD GROSSMAN  
 650 POPE ROAD #245  
 ST AUGUSTINE FL 32084

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	CTD	<input type="checkbox"/> Delete
NAME	GROSSMAN, HAROLD	
STREET ADDRESS	650 POPE ROAD #245	
CITY-ST-ZIP	ST AUGUSTINE FL 32084	
TITLE	DT	<input type="checkbox"/> Delete
NAME	DUNCAN, JOHNNY	
STREET ADDRESS	694 ALZIDA DRIVE	
CITY-ST-ZIP	ST AUGUSTINE FL 32086	
TITLE	ST	<input type="checkbox"/> Delete
NAME	HENNINGER, NORMAN J	
STREET ADDRESS	35 ST JOHN AVENUE	
CITY-ST-ZIP	NILES OH 44446	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:** *[Signature]* **REGISTERED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-2000 904471-5507  
 Date Daytime Phone #

CR2E037 (9/99)