2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N16060

FILED
Jul 17, 2000 8:00 am
Secretary of State
07-17-2000 90001 024 ****70.00

1. Entity Name
Amvets Post 86

Principal Place of Business
Amvets Post 86

Mailing Address
P.O. Box 1596
Keystone Hgts, FL 32656

2. Principal Place of Business
6685 Brooklyn Bay Rd.
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 1596
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State: Keystone Hgts, FL
Zip: 32656 Country: CLAY

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4. FEI Number: 59-2661297 ☐ 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

Name: Shari L. Smith
Street Address (P.O. Box Number is Not Acceptable): 6685 Brooklyn Bay Rd.
City: Keystone Hgts **FL** Zip Code: 32656

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.

Shari L. Smith / Canteen Manager

SIGNATURE: Shari L. Smith 6/22/00
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

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		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Commander David Bruce Mills P.O. Box 1596 Keystone Hgts, FL 32656	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1st Vice Commander Ray Ross P.O. Box 1596 Keystone Hgts, FL 32656	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2nd Vice Commander Richard Miller P.O. Box 1596 Keystone Hgts, FL 32656	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	3rd Vice Commander Kenneth Carlisle P.O. Box 1596 Keystone Hgts, FL 32656	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Finance Officer Nancy Norman 107 Ashley Lk Dr Melrose, FL 32666	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Ajutant Bob Sowers 5666 Chugat Keystone Hgts, FL 32656	☒ Change ☐ Addition

CR2E037 (9/99)

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: David Bruce Mills David Bruce Mills 6-22-00 352-473-7951
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #