9/10/01-90057-048-$70.00-$70.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N 16060

1. Entity Name
AMVETS POST 86

FILED
01 OCT 12 PM 2:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
AMVETS POST 86	PO BOX 1596 KEYSTONE HGTS., FL 32656

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6685 BROOKLYN BAY RD.	PO BOX 1596
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: KEYSTONE HEIGHTS, FL	City & State: KEYSTONE HEIGHTS, FL
Zip: 32656 Country: CLAY	Zip: 32656 Country: CLAY

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: BUDDY L. HALLOWELL Street Address (P.O. Box Number is Not Acceptable): 129 LAKE CARLETON DRIVE City: MELROSE FL Zip Code: 32666

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.
BUDDY L HALLOWELL / FINANCE OFFICER

SIGNATURE: Buddy L Hallowell 9/4/01
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	COMMANDER DAVID BRUCE MILLS "D" PO BOX 461 KEYSTONE HEIGHTS, FL 32656	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1ST VICE COMMANDER JERRY GADDIS "D" 6765 LINWOOD DR. KEYSTONE HEIGHTS, FL 32656	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2ND VICE COMMANDER FRANK FROHLICH "D" PO BOX 405 LAKE GENEVA, FL 32160	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FINANCE OFFICER "D" BUDDY HALLOWELL 129 LAKE CARLETON DR. MELROSE, FL 32666	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

"D" "D" "D" "D"

CR2E037 (11/00)

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: DBMills DBMills 9/4/01 352-473-3846
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #