

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

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90404 021 ****70.00

DOCUMENT # N16060

1. Entity Name

AMVETS-POST-#86, INC.



Principal Place of Business

**6685 BROOKLYN BAY RD
KEYSTONE HEIGHTS FL 32656
US**

Mailing Address

**PO BOX 1596
KEYSTONE HEIGHTS FL 32656
US**

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 **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

**HALLOWELL, BUDDY L
129 LAKE CARLETON DRIVE
MELROSE FL 32666**

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 Buddy L. Hallowell

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-8-2003

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**CD
MILLS, DAVID BRUCE
P.O. BOX 461
KEYSTONE HEIGHTS FL 32656** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VCD
GADDIS, JERRY
6765 LINWOOD DRIVE
KEYSTONE HEIGHTS FL** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VCD
DUGDALE, RICHARD
7716 NE HWY 301
HAWTHORNE, FL 32640** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VCD
FROHLICH, FRANK
P.O. BOX 405
LAKE GENEVA FL** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VCD
HAYMAN, GARY
107 ASHLEY LAKE DR
MELROSE, FL 32666** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**FOD
HALLOWELL, BUDDY
129 LAKE CARLETON DR.
MELROSE FL 32666** ☐ 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

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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: Buddy L. Hallowell 1-8-03 352-473-1137

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)