

2000 UNIFORM BUSINESS REPORT (UBR)

3/2

FILED
May 17, 2000 8:00 am
Secretary of State

03-03-2000 90012 020 ****70.00

DOCUMENT # N34354

1. Entity Name

WALTER R. MICKENS POST NUMBER 6021. VETERANS OF

Principal Place of Business

Mailing Address

803 EMMA STREET
 KEY WEST FL 33040
 US

POST OFFICE BOX 903
 KEY WEST FL 33041-0903
 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

59-6162528

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JAMES, ROBERT L.
314 CATHERINE STREET
KEY WEST FL 33040

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

JAMES, ROBERT L.

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

(NOTE: Registered Agent signature required when re/instating)

DATE

2-10-2000

**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	P	<input checked="" type="checkbox"/> Delete
NAME	FISHER, GERALD JR	
STREET ADDRESS	920 EMMA STREET	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	VD	<input type="checkbox"/> Delete
NAME	JAMES, ROBERT L.	
STREET ADDRESS	314 CATHERINE STREET "D"	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BURNS, THEODORE	
STREET ADDRESS	309 JULIA STREET "D"	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	S	<input type="checkbox"/> Delete
NAME	PLANAS, JOSE	
STREET ADDRESS	711 OLIVA STREET "D"	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLOWELL, ALFRED	
STREET ADDRESS	319 JULIA STREET "D"	
CITY-ST-ZIP	KEY WEST, FL 33040	
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 checked="" type="checkbox"/> Addition
NAME	ALLEN, ALFRED A.	
STREET ADDRESS	715 ELIZABETH ST. "D"	
CITY-ST-ZIP	KEY WEST, FL 33040	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISHER, GERALD SR.	
STREET ADDRESS	105 TRUMAN AVE APT. C. "D"	
CITY-ST-ZIP	KEY WEST, FL 33040	

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: **THEODORE BURNS** **2-10-00** **305-296-9725**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #