2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000000551

1. Entity Name

AMVETS NATIONAL FOUNDERS - POST 1, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State
03-04-2000 90035 018 ****70.00

Principal Place of Business	Mailing Address
421 45TH AVE. SO. ST PETERSBURG FL 33705	421 45TH AVE. SO. ST PETERSBURG FL 33705-4510

DO NOT WRITE IN THIS SPACE

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 59-2899307 ☐ 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
CORRECTION ON LAST NAME: Hennis HARRIS, RONALD L 4135 SUNRISE DR. S. ST PETERSBURG FL 33705	Name HENNIS 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DC HENNIS, RONALD L 4135 SUNRISE DR. S. ST. PETERSBURG FL 33705	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WISNER, CHARLES L 549 DOLPHIN AVE. SE ST. PETERSBURG FL 33705-4141	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CUMMINGS, GERALD 225 POMPANO DRIVE SE ST. PETERSBURG FL 33705	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD WEAVER, DOROTHY 3324 Bonnie Drive Ellenton, FL 34222	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T VIEIRA, ANTONE W 6664 28TH ST. S. ST. PETERSBURG FL 33712	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T RAZOR, TOM 4730 Neptune Dr. SE St. Petersburg, FL 33705	☒ 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

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: Dorothy R Weaver 2/25/00 727-896-4122
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #