2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State
03-12-2001 90016 032 ****70.00

DOCUMENT # N95000004352

1. Entity Name

"Amvets Post # 13 Inc." Deland, FL

C0032868

Principal Place of Business	Mailing Address
1011 Gerona Ave Deltona FL 32725	PO Box 935 Deland FL 32720

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 593334943 ☐ 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
Charles E. Osborne Jr. 1011 Gerona Ave Deltona FL 32725	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 _____
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	D/ Commander Dave Wheaton 330 N. Summit Ave Lake Helen FL 32744	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/ 1st Vice Commander Thomas Gibbons 639 W. May St. Deland FL 32720	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/ 1st Vice Commander Paul Snodgrass Deland FL	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/ 2nd Vice Commander Daniel Houlihan 2981 N. Shell Rd Deland FL 32720	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/ 2nd Vice Commander Thomas Gibbons 639 W May St. Deland FL 32720	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/Chaplain Stanley Faibisy 708 W Oak Dail Ave Deland FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/ Finance Officer Jack Zakresky P.O. Box 485 Paisley FL 32767	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Temp Finance Officer/D Charles E. Osborne Jr 1011 Gerona Ave Deltona FL 32725	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Holger Rust 1274 Hickory Lane Deland FL 32720	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/ Judge Advocate	☐ Change ☑ Addition

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: Charles E Osborne FEB 8, 2001 407-860-1902
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ntitled AMVETS Post ##15 DeLAND, FL. PAGE # 2

Trust Fund Contribution ☐ Added to Fees | 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	D/ Adjutant Kenneth Doyle 101 N. Hill #7 Deland FL 32720	☐ Change ☒ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Provost Marshall / D Harold Durfey 2700 Colman Ave. Deland FL 32724	☐ Change ☒ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Add
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SIGNATURE: [signature] FEB-8-2001 407-860-1902

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment Doc # N95000004352

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