2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State
01-31-2001 90199 036 ****66.25

DOCUMENT # 711581

1. Entity Name

ORMOND BEACH POST NO. 267, INC., DEPARTMENT OF F

Principal Place of Business	Mailing Address
156 NEW BRITAIN AVENUE ORMOND BCH. FL 32174-5626	156 NEW BRITAIN AVENUE ORMOND BCH. FL 32174-5626

A0016784

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 23-7178739 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HERMAN, RICHARD O
875 DERBYSHIRE, 87
DAYTONA BCH FL 32117 Delete

7. Name and Address of New Registered Agent

Name W. DAVE MAX Finance Officer

Street Address (P.O. Box Number is Not Acceptable)

6 LAKE TRAIL

City ORMOND Bch, FLA **FL** Zip Code 32174

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 W. DAVE MAX W Dave Max 1-22-01

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	PD HERMAN, RICHARD O 875 DERBYSHIRE 87 DAYTONA BCH FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Commander ALLAN SCHUTRUM 216 LINDENWOOD DR. W. ORMOND BEACH, FL 32174	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD WILLIAM K ELLIS 504 SANDY OAKS BLVD ORMOND BEACH FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Finance Officer W. DAVID MAX. 6 LAKE TRAIL ormund Bch, Fla 32174	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD PETERS, JERRY R HC1 BOX 530-B BUNNELL FL 32110	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Betty L. HOLBERT 1202 SCOTTSDALE DR. ORMOND BCH., FL. 32174 1ST VICE CMDR.	☑ 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
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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: W. DAVE MAX Finance Offiun 1-22-01 904-672-7678

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