

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 20, 2001 8:00 am**  
**Secretary of State**

01-20-2001 90095 001 \*\*\*122.50

0007400

**DOCUMENT # 748814**

1. Entity Name

**ALLIED VETERANS OF THE WORLD, INC: AND AFFILIATES**

Principal Place of Business

Mailing Address

1965 STATE ROAD #76TH  
 SAINT AUGUSTINE FL  
 US

P O BOX 840149  
 ST AUGUSTINE FL 32084  
 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

**59-1951577**

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

**HAROLD GROSSMAN**  
**650 POPE ROAD #245**  
**SAINT AUGUSTINE FL 32084**

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  Delete  
 NAME **CTD GROSSMAN, HAROLD**  
 STREET ADDRESS **650 POPE ROAD #245**  
 CITY-ST-ZIP **ST AUGUSTINE FL 32084**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **DT DUNCAN, JOHNNY**  
 STREET ADDRESS **694 ALZIDA DRIVE**  
 CITY-ST-ZIP **ST AUGUSTINE FL 32086**

TITLE  Change  Addition  
 NAME **Duncan Johnny**  
 STREET ADDRESS **396 AIA Beach Blvd A-3**  
 CITY-ST-ZIP **ST. AUGUSTINE Beach FL 32080**

TITLE  Delete  
 NAME **ST HENNINGER, NORMAN J**  
 STREET ADDRESS **35 ST JOHN AVENUE**  
 CITY-ST-ZIP **NILES OH 44446**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

*Harold Grossman*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

01-08-001

(94) 471-5507

Date

Daytime Phone #

CR2E037 (10/00)