2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 19, 2001 8:00 am Secretary of State DOCUMENT # 768889 1. Entity Name 03-19-2001 90048 022 ****70.00 AMVET POST 100 CHERRY BRANCH INC. Principal Place of Business Mailing Address 526 ORANGE AVENUE 526 ORANGE AVENUE DAYTONA BEACH FL 32114 DAYTONA BEACH FL 32114 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-1675253 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) ALBRITTON, WESLEY J 604 HUDSON ST DAYTONA BEACH FL 32114 Zip Code FL 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. SIGNATUE TE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: Trust Fund Contribution. П **Department of State** Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Addition Change TITLE ☐ Delete TITLE NAME LAWTON, JAMES H NAME STREET ADDRESS STREET ADDRESS P O BOX 662 CITY-ST-ZIP CITY-ST-ZIP DAYTONA BEACH FL 32114 ☐ Addition ☐ Change TITLE ☐ Delete TIT! F NAME HALL, RONALD C NAME STREET ADDRESS P O BOX 11182 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DAYTONA BEACH FL 32114 ☐ Change ☐ Addition ☐ Delete TITLE TITLE BADIE, CLARENCE NAME NAME 1381 EUGENE BLACK ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DAYTONA BCH FL ☐ Addition ☐ Change ☐ Delete TITLE TITI F ALBRITTION, WESLEY JR NAME NAME STREET ADDRESS STREET ADDRESS 604 HUDSON ST. CITY-ST-ZIP CITY-ST-ZIP DAYTONA BCH, FL 00000 ☐ Change ☐ Addition Delete TITLE TITLE **ELLIS, KELSEY** NAME NAME 744 GREENE AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DAYTONA BCH FL CITY-ST-ZIP , \square Change ☐ Addition ☐ Delete TITLE TITLE FIELDS, WILLIE NAME NAME STREET ADDRESS 633 HEINE AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DAYTONA BCH FL 32114 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.

ALBRITTON JR. 3/14/D SIGNATURE