

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2003 8:00 am
Secretary of State

01-27-2003 90346 001 ****70.00

DOCUMENT # NO1000007189

1. Entity Name

AMERICAN VETERANS ADVOCATES, INC.



Principal Place of Business
**4443 MORNING DOVE DRIVE
JACKSONVILLE FL 32258**

Mailing Address
**POST OFFICE BOX 600511
JACKSONVILLE FL 32260-9598**

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 **59-3753419**

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

**JOHNSON, STEVEN M
11057 IOWA AVENUE
JACKSONVILLE FL 32219-2036**

Name **Richard J. Williams**

Street Address (P.O. Box Number is Not Acceptable)
4443 MORNING DOVE DR.

City **JACKSONVILLE** FL Zip Code **32258**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Richard J. Williams**

23 Jan 03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD**
NAME **WILLIAMS, RICHARD J** ☐ Delete
STREET ADDRESS **4443 MORNING DOVE DRIVE**
CITY-ST-ZIP **JACKSONVILLE FL 32258**

TITLE **VD** ☐ Change ☐ Addition
NAME **John Papp**
STREET ADDRESS **3447 EXCALIBUR WAY E.**
CITY-ST-ZIP **JACKSONVILLE, Florida 32223**

TITLE **VD** ☒ Delete
NAME **DEAN, RUSSELL R**
STREET ADDRESS **3177 SARAH'S COURT**
CITY-ST-ZIP **GREEN COVE SPRINGS FL 32219-2036**

TITLE **SD** ☐ Change ☒ Addition
NAME **Robbi Young**
STREET ADDRESS **9765 South Brook Dr. # 4412**
CITY-ST-ZIP **JACKSONVILLE, FLORIDA 32256**

TITLE **SD** ☒ Delete
NAME **JOHNSON, STEVEN M**
STREET ADDRESS **11057 IOWA AVENUE**
CITY-ST-ZIP **JACKSONVILLE FL 32219-2036**

TITLE **TD** ☐ Change ☒ Addition
NAME **John Markiewicz**
STREET ADDRESS **5349 Selton Ave.**
CITY-ST-ZIP **JACKSONVILLE, FLORIDA 32277**

TITLE **TD** ☒ Delete
NAME **GUENTHER, JOHN**
STREET ADDRESS **14653 CAMBERWELL LANE, NORTH**
CITY-ST-ZIP **JACKSONVILLE FL 32258**

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
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)(f), 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: **Richard J. Williams**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

23 Jan 03 **904-886-4571**
Date Daytime Phone #

CR2E037 (10/02)