

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # NO1000007303

1. Entity Name

CHARLOTTE COUNTY AMVETS POST NO.1999 INC.

Principal Place of Business

C/O EAGLES AERIE NO.3296
23111 HARBORVIEW ROAD
PORT CHARLOTTE FL 33980

Mailing Address

C/O EAGLES AERIE NO.3296
23111 HARBORVIEW ROAD
PORT CHARLOTTE FL 33980

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

65-0966376

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

Name

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

City

FL

Zip Code

DOUGLAS, FRED A
2201 S.W. HILLSBOROUGH AVE
ARCADIA FL 34266

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 D
NAME SHANE, GUY ☐ Delete
STREET ADDRESS 1178 FLEETWOOD DR
CITY-ST-ZIP PORT CHARLOTTEE FL 33948

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME SPIEDELL, GEORGE ☐ Delete
STREET ADDRESS 113 AUROA DR
CITY-ST-ZIP PORT CHARLOTTEE FL 33948

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME DOUGLAS, FRED ☐ Delete
STREET ADDRESS 2201 S.W. HILLSBOROUGH AVE
CITY-ST-ZIP ARCADIA FL 34266

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME SMITH, EDWIN ☐ Delete
STREET ADDRESS 157 LINDHURST ST
CITY-ST-ZIP PT CHARLOTTE FL 33953

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME PRIER, CLYDE ☐ Delete
STREET ADDRESS 548 LAUREL AVE
CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME WELK, JOHN ☒ Delete
STREET ADDRESS 2127 PELLAM BLVD
CITY-ST-ZIP PORT CHARLOTTE FL 33948

TITLE D ☒ Change ☐ Addition
NAME Relyea, John
STREET ADDRESS 3356 Harbour Blvd.
CITY-ST-ZIP Port Charlotte, FL 33952

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: FRED A DOUGLAS 4-13-02 863-494-7670
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

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