

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

FILED
Feb 04, 2003 8:00 am
Secretary of State

02-04-2003 90124 022 ****61.25

DOCUMENT # N02000003534

1. Entity Name

AMVETS HELPING VETERANS FOUNDATION, INC.



Principal Place of Business

**1545 WAMRWOOD DR
GRAND ISLAND FL 32735**

Mailing Address

**1545 WAMRWOOD DR
GRAND ISLAND FL 32735**

2. Principal Place of Business

1545 WAMRWOOD DR.

Suite, Apt. #, etc.

3. Mailing Address

1545 WAMRWOOD DRIVE

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

GRAND ISLAND, FLORIDA

City & State

GRAND ISLAND, FLA.

Zip
32735

Country

Zip
32735

Country

4. FEI Number **59-3757866**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**MROBERTS, WILLIAM R
1545 WAMRWOOD DR
GRAND ISLAND FL 32735**

7. Name and Address of New Registered Agent

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **MROBERTS, WILLIAM R**
STREET ADDRESS **1545 WAMRWOOD DR**
CITY-ST-ZIP **GRAND ISLAND FL 32735**

TITLE **D** ☐ Delete
NAME **HALL, RALPH E**
STREET ADDRESS **600 PARKVIEW DR #215**
CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE **D** ☐ Delete
NAME **HALL, ANNE E**
STREET ADDRESS **600 PARKVIEW DR #215**
CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE **D** ☐ Delete
NAME **KEE, JOSEPH L JR**
STREET ADDRESS **5325 ROSEGAY CT**
CITY-ST-ZIP **ORLANDO FL 32811**

TITLE **D** ☒ Delete
NAME **WISNER, CHARLES L**
STREET ADDRESS **549 DOLPHIN AVE SE**
CITY-ST-ZIP **ST PETERSBURG FL 33705**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition
NAME **BRAND, FERTI A**
STREET ADDRESS **6213 TRAVIS BLVD.**
CITY-ST-ZIP **TAMPA, FL 33610-5501**

TITLE **D** ☒ Change ☐ Addition
NAME **HALL, RALPH E.**
STREET ADDRESS **6353 S.W. 191 ST AVE.**
CITY-ST-ZIP **PEMBROKE PINES, FL. 33322-3375**

TITLE **D** ☒ Change ☐ Addition
NAME **HALL, ANNE E.**
STREET ADDRESS **6353 S.W. 191 ST AVE**
CITY-ST-ZIP **PEMBROKE PINES, FL. 33322-3375**

TITLE **D** ☐ Change ☒ Addition
NAME **MROBERTS, EMMY BOBBE**
STREET ADDRESS **1545 WAMRWOOD DRIVE**
CITY-ST-ZIP **GRAND ISLAND, FL. 32735**

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: **Ralph E. Hall**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)