

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

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90109 024 ****70.00

DOCUMENT # N02000004922

1. Entity Name

AMVETS POST 1292, INC



Principal Place of Business

**6333 OLD BAGDAD HWY
MILTON FL 32583**

Mailing Address

**6333 OLD BAGDAD HWY
MILTON FL 32583**

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

59-3026827

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

**THOMAS, CAROLE A CDR
5376 E. AVENIDA DE GOLF
MILTON FL-32583**

Name

Thomas, Carole A. Cdr

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

5376 E. Avenida De Golf

City

PACE

FL

Zip Code

32571

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

Carole A. Thomas, Cdr

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

January 6, 2003

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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		D-T DAVID EDWARDS 2240 PLEASANT GROVE RD. MILTON, FL. 32583	
		D-VP#1 WAYNE REEVES 10815 HWY #90 MILTON, FLORIDA 32583	
		D-VP#2 RODNEY GRIFFIS 5709 PEBBLE RIDGE DR. MILTON, FL. 32583	

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: *David Edwards* **DAVID EDWARDS** 1-7-03 850 623-2258

CR2E037 (10/02)