

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

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90358 046 ****70.00

DOCUMENT # N02000008336

1. Entity Name
**AMERICAN VETERANS, INC. (CHANGE TO: AMERICAN
VETERANS POST 921)**



Principal Place of Business
PO BOX 142422
GAINESVILLE FL 32614-2422

Mailing Address
PO BOX 142422
GAINESVILLE FL 32614-2422

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

11-3651509

☒ **Applied For**

☐ **Not Applicable**

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

☐ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEWIS, EUGENE
18811 SE. HAWTHORNE RD.
HAWTHORNE FL 32640

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	LEWIS, EUGENE	
STREET ADDRESS	18811 SE HAWTHORNE RD.	
CITY-ST-ZIP	HAWTHORNE FL 32640	
TITLE	D	<input type="checkbox"/> Delete
NAME	KERN, MARK J	
STREET ADDRESS	17503 SE 49TH PL.	
CITY-ST-ZIP	HAWTHORNE FL 32640	
TITLE	D	<input type="checkbox"/> Delete
NAME	JENNEY, LARRY	
STREET ADDRESS	4824 N.W. 27TH PL.	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE	S	<input type="checkbox"/> Delete
NAME	HAYNES, GWENDOLYN	
STREET ADDRESS	8838 NW 35TH RD	
CITY-ST-ZIP	GAINESVILLE, FL 32606	
TITLE	V	<input type="checkbox"/> Delete
NAME	WHALEN, WILLIAM	
STREET ADDRESS	3137 NW 52ND PLACE	
CITY-ST-ZIP	GAINESVILLE, FL 32605	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROUGHTON, CARL	
STREET ADDRESS	3201 NW 28TH ST.	
CITY-ST-ZIP	OCALA, FL 34475	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COSBY, WILLY	
STREET ADDRESS	2038 SW 44TH AVE	
CITY-ST-ZIP	GAINESVILLE, FL 32608	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **MR. EUGENE LEWIS** *Eugene Lewis*

4/29/03

CR2E037 (10/02)