2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

DOCUMENT # N05123 Apr 17, 2000 8:00 am Secretary of State AMVETS, POST NO. 30 INC. 04-17-2000 90072 028 ****70.00 Principal Place of Business Mailing Address 315 FERGUSON STREET 315 FERGUSON STREET ORLANDO FL 32805 ORLANDO FL 32805-1007 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 23-7054355 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) GEER, CLEVE 2215 PIEDMONT AVENUE ORLANDO FL 32805 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: **\$5.00** May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Change ☐ Addition TITLE Delete TITLE NAME geer. Cleve NAME STREET ADDRESS STREET ADDRESS 2215 PIEDMONT AVENUE CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32805 ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME THURSTON, DOUGLAS NAME STREET ADDRESS STREET ADDRESS 7101 WILLOW WOOD STREET CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32818 Change Delete TITLE ☐ Addition TITLE Roy DIXON 6118 Holiday Hill Lane NAME BROWN, JAMES H. NAME STREET ADDRESS **1826 MULBERRYWOOD COURT** STREET ADDRESS ORlando, FL 32808 CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL ☐ Delete TITLE Change ☐ Addition TITLE NELSON, ALBERT NAME NAME STREET ADDRESS STREET ADDRESS 850 CHARLOTTE STREET CITY-ST-ZIP CITY-ST-7IP LONGWOOD FL 32750 Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7iP ☐ Change ☐ Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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