

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N05123

1. Entity Name

AMVETS, POST NO. 30 INC.

Principal Place of Business

315 FERGUSON STREET
ORLANDO FL 32805

Mailing Address

315 FERGUSON STREET
ORLANDO FL 32805

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

23-7054355

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

GEER, CLEVE
2215 PIEDMONT AVENUE
ORLANDO FL 32805

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.

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 NAME STREET ADDRESS CITY-ST-ZIP	D GEER, CLEVE 2215 PIEDMONT AVENUE ORLANDO FL 32805	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THURSTON, DOUGLAS 7101 WILLOW WOOD STREET ORLANDO FL 32818	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BROWN, JAMES H. 1826 MULBERRYWOOD COURT ORLANDO FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NELSON, ALBERT 850 CHARLOTTE STREET LONGWOOD FL 32750	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DIXON, ROY 6118 Holiday Hill Lane Orlando, FL 32808	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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:

C. GEER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/01

4022940838

Date

Daytime Phone #

FILED

Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90014 039 ****70.00

817312



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)