

2000 UNIFORM BUSINESS REPORT (UBR)

3/3

FILED
May 17, 2000 8:00 am
Secretary of State

03-03-2000 90205 049 ****70.00

DOCUMENT # N11108

1. Entity Name

AMVETS POST 15 OF FLORIDA, INC.

Principal Place of Business

Mailing Address

AMVETS POST 15
 2024 SOUTH US 1
 FT. PIERCE FL 34950
 US

AMVETS POST 15
 2024 SOUTH US 1
 FT. PIERCE FL 34950-5150
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Zip

Country

Zip

Country

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

Not Applicable

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHARLES CAREW
 5206 AMY LANE
 FT. PIERCE FL 34946

Name **JAMES (RON) OWENS**

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

1609 Lindwood Ave

City **FT. PIERCE FLA.**

FL

Zip Code

34982

8. The above named entity submits this statement for the purpose of changing its registered office, or both, in the state of Florida.

SIGNATURE **JAMES RON OWENS**

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

James Ron Owens

(NOTE: Registered Agent signature required when reinstating)

1/6/00

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	TD	<input checked="" type="checkbox"/> Delete
NAME	FERGUSON, JEAN	
STREET ADDRESS	1350 JUANITA 36	
CITY-ST-ZIP	FT PIERCE FL 34946	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GARDNER, ROBERT	
STREET ADDRESS	100 VISTA COURT	
CITY-ST-ZIP	FORT PIERCE FL 34947	
TITLE	S	<input type="checkbox"/> Delete
NAME	MICHAEL C. MCKEON II	
STREET ADDRESS	1003 MISSISSIPPI AVE.	
CITY-ST-ZIP	FT. PIERCE FL 34950	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CAREW, CHARELES	
STREET ADDRESS	5206 AMY LANE	
CITY-ST-ZIP	FT. PIERCE FL 34946	
TITLE	V	<input type="checkbox"/> Delete
NAME	WILLIAM LEVAY	
STREET ADDRESS	102 GARDEN AVENUE	
CITY-ST-ZIP	FT. PIERCE FL 34982	
TITLE	D	<input type="checkbox"/> Delete
NAME	OWENS, RON	
STREET ADDRESS	1609 LINDWOOD AVENUE	
CITY-ST-ZIP	FORT PIERCE FL 34982	

TITLE	FIRST VICE COMMANDER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES JACKSON	
STREET ADDRESS	1712 S 31ST ST	
CITY-ST-ZIP	FORT PIERCE FL 34947	
TITLE	SECOND VICE COMMANDER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PHILLIP OGG	
STREET ADDRESS	6 LAZY LANE	
CITY-ST-ZIP	FORT PIERCE FL 34982	
TITLE	THIRD VICE COMMANDER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MELVIN KIRKEY	
STREET ADDRESS	7407 ROBERTS ROAD	
CITY-ST-ZIP	FORT PIERCE FL 34951	
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: **JAMES RON OWENS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/00

DATE

361-464-7751

DAYTIME PHONE #

CR2E037 (9/99)