

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91652 005 \*\*\*\*61.25

**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**

**PO BOX 3746  
 FT. PIERCE FL 34948  
 US**

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

**59-2502517**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEVAY, WILLIAM J  
 102 GARDEN AVENUE  
 FORT PIERCE FL 34982**

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

*William J Levay*

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  Delete  
 NAME **P LEVAY, WILLIAM J**  
 STREET ADDRESS **102 GARDEN AVENUE**  
 CITY-ST-ZIP **FORT PIERCE FL 34982**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **FVC ROTH, PAUL**  
 STREET ADDRESS **1008 B 50 17TH STREET**  
 CITY-ST-ZIP **FORT PIERCE FL 34950**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **2VC KROHNE, RICK**  
 STREET ADDRESS **252 NIGHTINGALE AVENUE**  
 CITY-ST-ZIP **FORT PIERCE FL 34982**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **MD OWENS, RON**  
 STREET ADDRESS **1609 LINWOOD AVENUE**  
 CITY-ST-ZIP **FORT PIERCE FL 34982**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **ST COURTNEY, LINDA**  
 STREET ADDRESS **131 SE LUCERO DRIVE**  
 CITY-ST-ZIP **PORT SAINT LUCIE FL 34983**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **TD PICARD, EARNIE**  
 STREET ADDRESS **312 MURA DRIVE**  
 CITY-ST-ZIP **FORT PIERCE FL 34982**

TITLE  Change  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:

*William J Levay*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)