

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 25, 2001 08:00 AM****Secretary of State****DOCUMENT # N14633****1. Entity Name**AMERICAN VETERANS OF WORLD WAR II, KOREA, AND VIETNAM,
POST 35, INC.**Principal Place of Business**105 JOHN KING RD.
C/O JESSE D. WAY
CRESTVIEW
325398906FL
US**Mailing Address**105 JOHN KING RD.
C/O KEN SPARKS
CRESTVIEW
325398906FL
US**2. Principal Place of Business**

105 JOHN KING RD.

3. Mailing Address

105 JOHN KING RD.

Suite, Apt. #, etc.

C/O JESSE D. WAY

Suite, Apt. #, etc.

C/O HAROLD D. ZABRISKIE

City & State

CRESTVIEW

FL

City & State

CRESTVIEW

FL

4. FEI Number**59-2863189****Applied For**

Not Applicable

5. Certificate of Status Desired☒**\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent**SPARKS KEN
105 JOHN KING RD.

CRESTVIEW

32539

FL

US

7. Name and Address of New Registered Agent**Name**

ZABRISKIE HAROLD DP/D

Street Address (P.O. Box Number is Not Acceptable)
105 JOHN KING RD.City
CRESTVIEW

FL

Zip Code
325398307**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 **HAROLD D ZABRISKIE****01/25/2001**

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

(NOTE: Registered Agent signature required when reinstalling)

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**

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HEINZ SHELDON A	
STREET ADDRESS	5592 AURORA DR	
CITY-ST-ZIP	CRESTVIEW FL 32539	
TITLE	T	<input type="checkbox"/> Delete
NAME	KEITH HENRY T	
STREET ADDRESS	3067 AUBURN RD	
CITY-ST-ZIP	CRESTVIEW FL 32539	
TITLE	D	<input type="checkbox"/> Delete
NAME	WAY JESSE D	
STREET ADDRESS	1217 VALLEY RD	
CITY-ST-ZIP	CRESTVIEW FL 32539	
TITLE	VD	<input type="checkbox"/> Delete
NAME	TEAGUE MARY K	
STREET ADDRESS	PO BOX 433	
CITY-ST-ZIP	CRESTVIEW FL 32536	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SPARKS KENNETH L	
STREET ADDRESS	167 NICOLE LN	
CITY-ST-ZIP	CRESTVIEW FL 32539	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOON BRUCE RD	
STREET ADDRESS	2826 TAMiami TRAIL	
CITY-ST-ZIP	CRESTVIEW FL 32539	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAY JESSE DD	
STREET ADDRESS	1217 VALLEY RD	
CITY-ST-ZIP	CRESTVIEW FL 32539	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZABRISKIE GAILDA MD	
STREET ADDRESS	2837 OLD MILL WAY	
CITY-ST-ZIP	CRESTVIEW FL 32539	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZABRISKIE HAROLD DP/D	
STREET ADDRESS	2837 OLD MILL WAY	
CITY-ST-ZIP	CRESTVIEW FL 32539	
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)(f), 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: HAROLD D ZABRISKIE

P/D

01/25/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)