

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N30623

1. Entity Name

COCOA AMVETS, POST 27, INC.

Principal Place of Business

530 LUCAS PLACE
MERRITT ISLAND FL 32953

Mailing Address

530 LUCAS PLACE
MERRITT ISLAND FL 32953-6052

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

59-2962530

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, EDWARD G.
530 LUCAS PLACE
MERRITT ISLAND FL 32953

7. Name and Address of New Registered Agent

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

TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, EDWARD G.	
STREET ADDRESS	1815 CARLTON STREET	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE	VD	<input type="checkbox"/> Delete
NAME	OSBORNE, ROY	
STREET ADDRESS	205 LIME STREET	
CITY-ST-ZIP	COCOA FL 32926	
TITLE	JA	<input type="checkbox"/> Delete
NAME	DIXON, ELMER LEO	
STREET ADDRESS	800 N FISKE BLVD, APT 201	
CITY-ST-ZIP	COCOA FL 32922	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLAND, ALBERT H. JR.,	
STREET ADDRESS	1125 WOODSMERE PARKWAY	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAYNES, FREDRICK F.,	
STREET ADDRESS	365 SCHOOLHOUSE LANE	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE	D	<input type="checkbox"/> Delete
NAME	JACOB, FRANCIS	
STREET ADDRESS	212 LINCOLN AVE., APT. #7	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	

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	<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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1412 LAKEMOUNT DRIVE
CITY-ST-ZIP	COCOA, FLORIDA 32922
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	401 MAYRAND TER. APT #201
CITY-ST-ZIP	MELBOURNE, FL 32901

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:

Edward G. Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/27/2000

Date

407 452 9125

Daytime Phone #

CR2E037 (9/99)