

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 16, 2001 8:00 am**  
**Secretary of State**

02-16-2001 90005 045 \*\*\*\*\*70.00

0030667

**DOCUMENT # N30623**

1. Entity Name

**COCOA AMVETS, POST 27, INC.**

Principal Place of Business

Mailing Address

**530 LUCAS PLACE  
 MERITT ISLAND FL 32953**

**530 LUCAS PLACE  
 MERITT ISLAND FL 32953**

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

7. Name and Address of New Registered Agent

**WILLIAMS, EDWARD G.  
 530 LUCAS PLACE  
 MERITT ISLAND FL 32953**

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 **EDWARD G WILLIAMS**

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

*Edward G Williams*

(NOTE: Registered Agent signature required when reinstating)

**02/01/2001**

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	<b>D</b> <b>WILLIAMS, EDWARD G.</b> <b>1815 CARLTON STREET</b> <b>MERRITT ISLAND FL 32952</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>OSBORNE, ROY</b> <b>205 LIME STREET</b> <b>COCOA FL 32926</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>JA</b> <b>DIXON, ELMER LEO</b> <b>800 N FISKE BLVD, APT 201</b> <b>COCOA FL 32922</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BLAND, ALBERT H. JR.,</b> <b>1125 WOODSMERE PARKWAY</b> <b>ROCKLEDGE FL 32955</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HAYNES, FREDRICK F. ,</b> <b>1412 LAKEMOUNT DRIVE</b> <b>COCOA FL 32922</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JACOB, FRANCIS</b> <b>401 MAYRAND TERRACE APT #201</b> <b>MELBOURNE FL 32901</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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** *Edward G Williams* **02/01/01** **321 452 9125**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)