

002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N30623

1. Entity Name

COCOA AMVETS, POST 27, INC.

Principal Place of Business

Mailing Address

530 LUCAS PLACE
MERRITT ISLAND FL 32953

530 LUCAS PLACE
MERRITT-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
MERRITT 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

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 D
STREET ADDRESS WILLIAMS, EDWARD G.
CITY-ST-ZIP 1815 CARLTON STREET
MERRITT ISLAND FL 32952

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME VD
STREET ADDRESS OSBORNE, ROY
CITY-ST-ZIP 205 LIME STREET
COCOA FL 32926

TITLE VC ☒ Change ☐ Addition
NAME SANDERS WILLIE L.
STREET ADDRESS 1142 MANATEE DRIVE
CITY-ST-ZIP ROCKLEDGE, FL 32955

TITLE ☒ Delete
NAME JA
STREET ADDRESS DIXON, ELMER LEO
CITY-ST-ZIP 800 N FISKE BLVD, APT 20T
COCOA FL 32922

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1212 MYRTLE LANE
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS BLAND, ALBERT H. JR.,
CITY-ST-ZIP 1125 WOODSMERE PARKWAY
ROCKLEDGE FL 32955

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS HAYNES, FREDRICK F.,
CITY-ST-ZIP 1412 LAKEMOUNT DRIVE
COCOA FL 32922

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS JACOB, FRANCIS
CITY-ST-ZIP 401 MAYRAND TERRACE APT #201
MELBOURNE FL 32901

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: Edward G Williams EDWARD G WILLIAMS 3/1/02 321 452905

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90156 020 ****70.00

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DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)