

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N31017

1. Entity Name

AMERICAN EX-PRISONERS OF WAR, FLORIDA STATE CHAP

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90101 003 ****61.25

Principal Place of Business

Mailing Address

11122 #2 PEMBRIDGE CT.
PORT RICHEY FL 34668
US

11122 #2 PEMBRIDGE CT.
PORT RICHEY FL 34668
US

2. Principal Place of Business

3. Mailing Address

29313 Caddyshack Ln.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

29313 Caddyshack Ln

City & State
San Antonio, FL

City & State
San Antonio FL

4. FEI Number

59-3059542

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

JENKS, DORIS
1120 DALESIDE LANE
NEW PORT RICHEY FL 34655

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 P ☒ Delete
NAME DUNLAP, ROBERT
STREET ADDRESS 9034 ST REGIS LANE
CITY-ST-ZIP NEW PORT RICHEY FL 34668

TITLE P ☒ Change ☐ Addition
NAME FOURNIER, CLAIRE
STREET ADDRESS 6290 Pinehurst Drive
CITY-ST-ZIP Spring Hill, FL 34606

TITLE S ☐ Delete
NAME JENKS, DORIS
STREET ADDRESS 1120 DALESIDE LANE
CITY-ST-ZIP NEW PORT RICHEY FL

TITLE T ☒ Change ☐ Addition
NAME YOUNG, JAMES
STREET ADDRESS 29313 Caddyshack Ln
CITY-ST-ZIP San Antonio, FL 33576

TITLE D ☐ Delete
NAME JENKS, LEE
STREET ADDRESS 1120 DALESIDE LANE
CITY-ST-ZIP NEW PORT RICHEY FL

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

TITLE T ☒ Delete
NAME MCGEE, DOUGLAS C.
STREET ADDRESS 11122 #2 PEMBRIDGE CT.
CITY-ST-ZIP PORT RICHEY FL

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

TITLE D ☐ Delete
NAME HIONEDES, NICK
STREET ADDRESS 1147 KING ARTHUR COURT #216
CITY-ST-ZIP DUNEDEN FL

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

TITLE D ☐ Delete
NAME SLAYMAN, ED
STREET ADDRESS 8104 ROXBORO DR
CITY-ST-ZIP HUDSON FL 34468

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)