

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 am
Secretary of State

0078150

DOCUMENT # N31017

1. Entity Name

AMERICAN EX-PRISONERS OF WAR, FLORIDA STATE CHAPTER #1, INC.

Principal Place of Business

Mailing Address

**29313 CADDYSHACK LN
SAN ANTONIO FL 33576
US**

**29313 CADDYSHACK LN
SAN ANTONIO FL 33576
US**

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

59-3059542

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
NAME **P** ☒ Delete
HINEDES, NICK
STREET ADDRESS **1147 KING ARTHUR CRT #216**
CITY-ST-ZIP **DUNEDIN FL 34698**

TITLE
NAME ☒ Change ☐ Addition
Jenks, Lee
STREET ADDRESS **1120 Daleside Lnc**
CITY-ST-ZIP **New Port, Richey, FL 34655**

TITLE
NAME **T** ☐ Delete
YOUNG, JAMES
STREET ADDRESS **29313 CADDYSHACK LN**
CITY-ST-ZIP **SAN ANTONIO FL 33576**

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

TITLE
NAME **D** ☐ Delete
BOUCHER, ARMOND
STREET ADDRESS **1499 AMY CIR**
CITY-ST-ZIP **SPRING HILL FL 34611**

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

TITLE
NAME **D** ☐ Delete
DUNLAP, ROBERT
STREET ADDRESS **9034 REDIS LN**
CITY-ST-ZIP **PORT RICHEY FL 34668**

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

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

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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

March 30, 2002 (352) 588-0751
Date Daytime Phone #

CR2E037 (9/01)