

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N34568

1. Entity Name

ALLIED VETERANS OF THE WORLD WOMENS AUXILIARY PO 2

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90006 037 ****70.00

Principal Place of Business

Mailing Address

1302 N PONCE DE LEON BLVD
ST AUGUSTINE FL 32084
US

694 ALZIDA DRIVE
ST AUGUSTINE FL 32086
US

2. Principal Place of Business

1965 State Road #16
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 840149
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

ST. AUGUSTINE FL.

City & State

ST. AUGUSTINE - FL.

4. FEI Number

59-2970714

Applied For

Not Applicable

Zip

32095

Country

ST. JOHNS

Zip

32084

Country

ST. JOHNS

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOWLES, LINDA
308 MIR STP PKWY 23-B
FT. WALTON BEACH FL 32548

7. Name and Address of New Registered Agent

Name

Linda Bowles

Street Address (P.O. Box Number is Not Acceptable)

694 Alzida DR

City

St. Augustine

FL

Zip Code

32086

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 NAME STREET ADDRESS CITY-ST-ZIP	PTM BOWLES, LINDA 694 ALSID DRIVE ST AUGUSTINE FL 32086	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT GROSSMAN, TANIYA S. 650 W. POPE #245 ST AUGUSTINE FL 32084	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS HORTON, ELIZABETH 694 ALZIDA DRIVE ST AUGUSTINE FL 32086	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST TANIYA S. GROSSMAN 650 W POPE # 245 St. Augustine FL 32084	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVP MICHELLE DRAGON HOPKINS 6125 Church Rd. EIKTON, FL 32033	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chaplin Elizabeth Horton Ramos 263 ALMANSA St. Augustine, FL 32086	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

Linda Bowles
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-2000
Date

904-794-7709
Daytime Phone #

CR2E037 (9/99)