

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N34568

1. Entity Name

ALLIED VETERANS OF THE WORLD WOMENS AUXILIARY, PO

Post # 2

FILED
Jan 20, 2001 8:00 am
Secretary of State

01-20-2001 90095 001 ***122.50

0007410

Principal Place of Business

1965 STATE RD # 16
SAINT AUGUSTINE FL 32095
US

Mailing Address

PO BOX 840149
SAINT AUGUSTINE FL 32084
US

22572



DO NOT WRITE IN THIS SPACE

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

59-2970714

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

BOWLES, LINDA
694 ALEIDA DR
SAINT AUGUSTINE FL 32086

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 PTM
NAME BOWLES, LINDA ☒ Delete
STREET ADDRESS 694 ALSID DRIVE
CITY-ST-ZIP ST AUGUSTINE FL 32086

TITLE PTM
NAME BOWLES LINDA ☐ Change ☐ Addition
STREET ADDRESS 390 AIR BACK BLVD A-3
CITY-ST-ZIP ST. AUGUSTINE FL 32086

TITLE VT
NAME GROSSMAN, TANIYA S. ☐ Delete
STREET ADDRESS 650 W. POPE #245
CITY-ST-ZIP ST. AUGUSTINE FL 32084

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

TITLE TS
NAME HORTON, ELIZABETH ☒ Delete
STREET ADDRESS 694 ALZIDA DRIVE
CITY-ST-ZIP ST AUGUSTINE FL 32086

TITLE TS
NAME RAMOS ELIZABETH ☒ Change ☐ Addition
STREET ADDRESS 263 ALMANA DR.
CITY-ST-ZIP ST. AUGUSTINE FL 32086

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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:

LINDA BOWLES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/08/001 904-471-1747

CR2E037 (10/00)