

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N34743

1. Entity Name

FLORIDA DISTRICT, 369TH VETERANS ASSOCIATION, IN

Principal Place of Business

P.O BOX 10657
ST. PETERSBURG FL 33733-0657
US

Mailing Address

P.O BOX 10657
ST. PETERSBURG FL 33733-0657
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

HIGHSMITH, JACK L
3138 -37TH LN S.
SAINT PETERSBURG FL 33711

7. Name and Address of New Registered Agent

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	HIGHSMITH, JACK L	
STREET ADDRESS	3138 -37TH LN S. UNIT B	
CITY-ST-ZIP	ST. PETERSBURG FL 33712	
TITLE	V	<input type="checkbox"/> Delete
NAME	MARTIN, GODFREY A	
STREET ADDRESS	10105 ARROW CREEK ROAD	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	
TITLE	D	<input type="checkbox"/> Delete
NAME	GITTENS, ARTHUR P	
STREET ADDRESS	3257 ALDORO AVENUE	
CITY-ST-ZIP	SPRING HILL FL 34609	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HOBSON, RONALDA	
STREET ADDRESS	115 3RD ST, W	
CITY-ST-ZIP	TIERRA VERDE FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CAMBLE, FRED	
STREET ADDRESS	2500 18TH AVE. SOUTH	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	THOMAS, JOSEPH O	
STREET ADDRESS	276 SILMS CT	
CITY-ST-ZIP	SPRING HILL FL 34609	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

Jack L. Highsmith

June 10 2001 727-866 9116

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

06-20-2001 90003 030 ****70.00

A0074021



DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E037 (10/00)