

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N35729

1. Entity Name

FLORIDA AMVETS POST 1292, INC.

Principal Place of Business

Mailing Address

6333 OLD BAGDAD HIGHWAY
MILTON FL 32583

6333 OLD BAGDAD HIGHWAY
MILTON FL 32583-8987

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

59-3026827

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

WELCH, PAUL
5695 MITCHELL RD
MILTON FL 32583

Name

Russell Shane

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

147 Traci Drive

City

Milton

FL

Zip Code

32583

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 Russell Shane

Commander

1/10/2000

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 TD ☐ Delete
NAME THOMAS, CAROL
STREET ADDRESS 5424 SAN MIGUEL ST
CITY-ST-ZIP MILTON FL 32583

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

TITLE T ☒ Delete
NAME WELCH, PAUL
STREET ADDRESS 5695 MITCHELL RD
CITY-ST-ZIP MILTON FL

TITLE T ☒ Change ☐ Addition
NAME Reeves, Wayne
STREET ADDRESS 10815 Hwy 90
CITY-ST-ZIP Holt, FL 32583

TITLE T ☐ Delete
NAME WINSLOW, GILL
STREET ADDRESS 6395 OLD BAGDAD HWY
CITY-ST-ZIP MILTON FL 32583

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

TITLE T ☐ Delete
NAME MOORE, RONALD
STREET ADDRESS 6807 FASTGUN LANE
CITY-ST-ZIP MILTON FL

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

TITLE T ☐ Delete
NAME YANKOVY, TOM
STREET ADDRESS 4086 GARCON POINT RD
CITY-ST-ZIP MILTON FL 32583

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

TITLE T ☐ Delete
NAME MOORE, RONALD
STREET ADDRESS 6807 FASTGUN LANE
CITY-ST-ZIP MILTON FL 32583

TITLE Same ☐ 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

1/10/2000 (850) 623-4359

Date

Daytime Phone #

CR2E037 (9/99)

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90165 033 ****70.00

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DO NOT WRITE IN THIS SPACE