

DOCUMENT # N36057

1. Entity Name

ALLIED VETERANS OF THE WORLD, INC. AND AFFILIATE

Post # 2

Principal Place of Business

Mailing Address

1965 STATE ROAD # 16  
SAINT AUGUSTINE FL 32095  
US

PO BOX 840149  
ST. AUGUSTINE FL 32084

FILED

01 JAN 12 PM 4:03

SECRETARY OF STATE



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE  
01/12/01 90011 032 61.25

4. FEI Number  
59-3145785

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

GROSSMAN, HAROLD  
650 W. POPE RD., APT. #245  
ST. AUGUSTINE FL 32084

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  
STREET ADDRESS  
CITY - ST - ZIP  
DT  
GROSSMAN, HAROLD  
650 W POPE ROAD #245  
ST. AUGUSTINE FL 32084 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
TT  
BISHOP, RANDY  
#1A STREET. #A  
ST. AUGUSTINE FL 32086 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DT  
DUNCAN, JOHNNY  
694 ALEIDA DRIVE  
ST. AUGUSTINE FL 32086 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DT  
DUNCAN JOHNNY  
390 AIA Beach Blvd A-3  
ST. AUGUSTINE Beach FL 32080 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
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CITY - ST - ZIP  
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☐ Change ☐ Addition

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-08-00 (904) 471-5507

Date

Daytime Phone

CR2E037 (10/00)

1/16/01