

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N38998

FILED  
Sep 10, 2003  
Secretary of State

**Entity Name:** AMERICAN VETERANS OF WORLD WAR II, KOREA AND VIETNAM, POST 231 OF FOUNTAIN, FLORIDA, INC.

**Current Principal Place of Business:**

21128 HWY. 231  
FOUNTAIN, FL 32438

**New Principal Place of Business:**

**Current Mailing Address:**

21128 HWY. 231  
FOUNTAIN, FL 32438

**New Mailing Address:**

**FEI Number:** 59-2961204

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LAWSON, MIKE  
19808 MORROW ROAD  
FOUNTAIN, FL 32438

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: MORGAN, CHARLES F  
Address: 13836 HWY 167  
City-St-Zip: FOUNTAIN, FL

Title: D ( ) Delete  
Name: LAWSON, MIKE  
Address: 19808 MORROW ROAD  
City-St-Zip: FOUNTAIN, FL 32438

Title: D ( ) Delete  
Name: MCCANN, DON  
Address: 1021 SORRENTO AVE  
City-St-Zip: ALFORD, FL 32420

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: FOXWORTH, JERRY A  
Address: 5291 FOXWORTH LANE  
City-St-Zip: MARIANNA, FL 32448

Title: D (X) Change ( ) Addition  
Name: DAVIS, JAMES W  
Address: 20036 BRANDON RD.  
City-St-Zip: FOUNTAIN, FL 32438

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES W. DAVIS

D

09/10/2003

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date