

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N 43921

1. Entity Name

AMVETS POS# 500, INC.

APPROVED  
AND  
FILED

01 MAY 21 AM 10:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

605 8th ST.  
HOLLY HILL, FL 32117  
(MEE Tings)

Mailing Address

P.O. BOX 250595  
HOLLY HILL, FLA.  
32125-0595

2. Principal Place of Business

179 LEE ST.

3. Mailing Address

P.O. BOX 250595

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

DAYTONA BEACH, FL

City & State

HOLLY HILL, FLA.

4. FEI Number

59-2932168

Applied For

Not Applicable

Zip

32117

Country

Zip

32117-0595

Country

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WALTER J. SNEEL  
436 N. PENINSULA DR.  
DAYTONA BEACH, FL 32118-4073

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 NAME STREET ADDRESS CITY-ST-ZIP	Schnee, Roy J., Post CAPT. 179 LEE ST. DAYTONA BEACH, FL 32117 <input type="checkbox"/> Delete <b>TRUSTEE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DITTMAR, FEDELE 104 RICHARDS LANE (Deceased) DAYTONA BEACH, FL 32118 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BLAIS, GILLES 1065 RIDGEWOOD AVE. HOLLY HILL, FLA <input type="checkbox"/> Delete <b>TRUSTEE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Roger Lee TIFFANY 1321 DERRYSHURER HOLLY HILL, FL 32117-1817 <input type="checkbox"/> Delete <b>TRUSTEE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600004288256--7 -05/22/01--01125--009 *****70.00 *****70.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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

21 May 2001 386-258-7153  
Date Daytime Phone #

CR2E037 (11/00)