

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N46270

1. Entity Name

ASSOCIATION OF FORMER PRISONERS OF WAR IN ROMANI

Principal Place of Business

Mailing Address

P O BOX 3323  
ORLANDO FL 32802

P O BOX 3323  
ORLANDO FL 32802-3323

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

7. Name and Address of New Registered Agent

MCCORMICK, JOHN M.  
501 E CHURCH ST  
ORLANDO FL 32801

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 VPD ☒ Delete  
NAME CLARK, WILLIAM G.  
STREET ADDRESS P.O. BOX 657 N/A  
CITY-ST-ZIP MIDWAY KY 40347

TITLE VPD 33 Northgate Village ☒ Change ☐ Addition  
NAME WILLIAM J. FILI  
STREET ADDRESS Media, Pa 19063-2039  
CITY-ST-ZIP

TITLE PD ☒ Delete  
NAME WALLICK, WILMER  
STREET ADDRESS 4713 RICHMAR CT.  
CITY-ST-ZIP NASHVILLE TN

TITLE PD ☒ Change ☐ Addition  
NAME Max Binswanger  
STREET ADDRESS P. O. Box 620  
CITY-ST-ZIP Colton Ca 92324

TITLE SD ☐ Delete  
NAME HARRIS, HARRY  
STREET ADDRESS H.C. 3, BOX 263  
CITY-ST-ZIP BADERA TX

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

TITLE TD ☐ Delete  
NAME MCCORMICK, JOHN M  
STREET ADDRESS 501 E. CHURCH STREET  
CITY-ST-ZIP ORLANDO FL

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ 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:

*John M. McCormick*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN M. MC CORMICK 1-11-00 (407) 843-5690  
TREAS. DIRECTOR Daytime Phone #

FILED  
Jan 19, 2000 8:00 am  
Secretary of State

01-19-2000 90121 003 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3090772 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

CR2E037 (9/99)