

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N46270

1. Entity Name

ASSOCIATION OF FORMER PRISONERS OF WAR IN ROMANI

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90115 023 ****61.25

Principal Place of Business

Mailing Address

P O BOX 3323
ORLANDO FL 32802

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ORLANDO FL 32802

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3090772

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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 JOHN M. MC CORMICK

Signature, typed or printed name of registered agent and title if applicable.

John M. Mc Cormick

(NOTE: Registered Agent signature required when reinstating)

JANUARY 17, 2001

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
NAME FILI, WILLIAM J ☒ Delete
STREET ADDRESS 33 NORTHGATE VILLAGE
CITY-ST-ZIP MEDIA PA 19063-2039

TITLE PD WILBUR GOMES ☒ Change ☐ Addition
NAME
STREET ADDRESS P. O. BOX 6
CITY-ST-ZIP GUSTINE, CA 95332

TITLE PD ☒ Delete
NAME BINSWANGER, MAX
STREET ADDRESS P O BOX 620
CITY-ST-ZIP COLTON CA 92324

TITLE VPD ☒ Change ☐ Addition
NAME JOHN BRIGGS
STREET ADDRESS 13105 HANNABERRY LANE RD.
CITY-ST-ZIP STUTTGART, AR 72160

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. Mc Cormick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-2001 (467) 843-5690

Date

Daytime Phone #

CR2E037 (10/00)