

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90157 031 ****61.25

0012207

DOCUMENT # N46270

1. Entity Name

**ASSOCIATION OF FORMER PRISONERS OF WAR IN ROMANI
A, INC.**

Principal Place of Business

Mailing Address

P O BOX 3323
ORLANDO FL 32802

P O BOX 3323
ORLANDO FL 32802

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3090772

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

**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 | PD | <input checked="" type="checkbox"/> Delete |
| NAME | GOMES, WILBUR | |
| STREET ADDRESS | PO BOX 6 | |
| CITY-ST-ZIP | GUSTINE, GA 30532 | |
| TITLE | VPD | <input checked="" type="checkbox"/> Delete |
| NAME | BRIGGS, JOHN | |
| STREET ADDRESS | 13105 HANNABERRY LANE ROAD | |
| CITY-ST-ZIP | STUTT GART AR 72160 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | HARRIS, HARRY | |
| STREET ADDRESS | H.C. 8, BOX 283 | |
| CITY-ST-ZIP | BANDERA, TX | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | MCCORMICK, JOHN M | |
| STREET ADDRESS | 501 E. CHURCH STREET | |
| CITY-ST-ZIP | ORLANDO FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|---------------------------|--|
| TITLE | PD | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BRIGGS, JOHN | |
| STREET ADDRESS | 13105 HANABERRY LANE ROAD | |
| CITY-ST-ZIP | STUTT GART, AK 72160 | |
| TITLE | VPD | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | SD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HARRIS, HARRY B. | |
| STREET ADDRESS | 493 DEER VALLEY | |
| CITY-ST-ZIP | BANDERA, TX 78003 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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:

Signature Required

JOHN M. MC CORMICK

3/28/02 (407) 843-5640

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)