

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90058 013 ****70.00

DOCUMENT # N51160

1. Entity Name

REGULAR VETERANS ASSOCIATION POST NO. 363 INC.

Principal Place of Business

Mailing Address

726 WOODVILLE HWY
CRAWFORDVILLE FL 32327
US

726 WOODVILLE HWY
CRAWFORDVILLE FL 32327-0606
US

706338



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

51-0247900

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

DENNISON, DAVID
228 WOODVILLE HWY
CRAWFORDVILLE FL 32327

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	D	<input checked="" type="checkbox"/> Delete
NAME	DENNISON, DAVID	
STREET ADDRESS	228 WOODVILLE HWY	
CITY-ST-ZIP	CRAWFORDVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BISHOP, ALLEN D	
STREET ADDRESS	RT 1 BOX 6151	
CITY-ST-ZIP	CRAWFORDVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUMPHRIES, JEFF	
STREET ADDRESS	112 SHELL ISLAND RD	
CITY-ST-ZIP	ST MARKS FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MAYNARD, HUST	
STREET ADDRESS	228 WOODVILLE HWY	
CITY-ST-ZIP	CRAWFORDVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GIBSON, JIM	
STREET ADDRESS	726 WOODVILLE HWY	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	
TITLE		<input checked="" type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	0	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Comander Jimmy Gibson	
STREET ADDRESS	228 Woodville Hwy	
CITY-ST-ZIP	Crawfordville, FL 32327	
TITLE	0	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Senior Vice Basil Perkins	
STREET ADDRESS	P.O. Box 867	
CITY-ST-ZIP	Lloyd, FL 32337	
TITLE	0	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Senior Vice George McCranie	
STREET ADDRESS	P.O. Box 393	
CITY-ST-ZIP	St. Marks, FL 32355	
TITLE	0	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Agent Quarter Master Jurnia Gilley	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Master Sgt of Arms	
STREET ADDRESS	228 Woodville Hwy Maynard Hust.	
CITY-ST-ZIP	Crawfordville, FL 32327	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sgt - of Arms	
STREET ADDRESS	Allen D. Bishop	
CITY-ST-ZIP	Rt 1 Box 6151 Crawfordville, FL	

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.

K# 201
SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-00

Date

421-8582

Daytime Phone #

CR2E037 (9/99)