2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2001 8:00 am
Secretary of State
04-02-2001 90294 049 ****70.00

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DOCUMENT # N93000004376

1. Entity Name

AMVETS POST NO. 893, INC.

Principal Place of Business	Mailing Address
218 HARDEE LANE ROCKLEDGE FL 32295 US	218 HARDEE LANE ROCKLEDGE FL 32295 US

U40054

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
218 Hardee Lane Suite, Apt. #, etc.	218 Hardee Lane Suite, Apt. #, etc.
City & State: Rockledge, Florida	City & State: Rockledge, Florida
Zip: 32955 Country: USA	Zip: 32955 Country: USA

4. FEI Number 59-3155051 ☐ 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
ODZIMOWSKI, FRANCISCO 4041 US HWY 1 NORTH MELBOURNE FL 32935-4818	Name: Thomas R. Fantaccione Street Address (P.O. Box Number is Not Acceptable): 1900 Barrington Circle City: Rockledge, FL Zip Code: 32955

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 Thomas R. Fantaccione, Post Commander 3/30/01
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HENEGHAN, JOSEPH T 962 REVERE CT ROCKLEDGE FL 32955-3592	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TS Heneghan, Joseph T. 962 Revere Court Rockledge, FL 32955-3592	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BUSKETA, MATHEW M 1600 WOODLAND DR APT D-204 ROCKLEDGE FL 32955	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Godbey, Kevin W. 255 Maplewood Boulevard Cocoa, FL 32926	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCD ODZIMOWSKI, FRANCISCO 4041 US HWY 1 NORTH MELBOURNE FL 32935-4818	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Maurer, Edward R. 1212 Princeton Road Cocoa, FL 32922	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD FANTAGLIONE, TOMMY 1800 BARRINGTON CIRCLE ROCKLEDGE FL 32955	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCD Thomas R. Fantaccione 1900 Barrington Circle Rockledge, FL 32955	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD PEPPER, ROY H 2640 TILTON CT ORLANDO FL 32835	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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 3/30/01 407-448-7736
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #