

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-05-2002 90085 012 ****61.25

DOCUMENT # N93000004499

1. Entity Name

AMVETS POST 12, INC.

Principal Place of Business

Mailing Address

~~3220 GULF BEACH HIGHWAY~~
PENSACOLA FL 32507

~~3220 GULF BEACH HIGHWAY~~
PENSACOLA FL 32507

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

59-3196845

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

STEWART, RUDOLPH
3220 GULF BEACH HIGHWAY
PENSACOLA FL 32507

Name **ANDREW J. RAINS**

Street Address (P.O. Box Number is Not Acceptable)
217 W. WINTHROP AVE.

City **PENSACOLA**

FL

Zip Code **32507**

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 **ANDREW J. RAINS, COMMANDER**

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

(NOTE: Registered Agent signature required when reinstating)

x 2-5-02

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	HAROLDS, TODD	
STREET ADDRESS	3015 SELMA ST	
CITY-ST-ZIP	PENSACOLA FL 32507	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STEWART, RUDOLPH	
STREET ADDRESS	4711 CLARA STREET	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STEINER, FLOYD N	
STREET ADDRESS	3 E CARVER DR	
CITY-ST-ZIP	PENSACOLA FL 32507	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	COMMANDER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDREW J. RAINS	
STREET ADDRESS	217 W. WINTHROP AVE.	
CITY-ST-ZIP	PENSACOLA, FL 32507	
TITLE	JAMES S. LUMPKEN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINANCE OFFICER	
STREET ADDRESS	6087 ELECTRA LANE	
CITY-ST-ZIP	PENSACOLA, FL 32507	
TITLE	ADJUTANT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RONALD D. WHITE	
STREET ADDRESS	5625 WEST SHORE DR	
CITY-ST-ZIP	PENSACOLA, FL 32526	
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		
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: **ANDREW J. RAINS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Andrew J. Rains

Date

(850) 497-0790

Daytime Phone #

CR2E037 (9/01)



DO NOT WRITE IN THIS SPACE