

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N94000001953**

Entity Name

AFRICAN POSTAL WORKERS UNION, PENSACOLA AREA LO**FILED**
Feb 23, 2000 8:00 am
Secretary of State

02-23-2000 90031 011 ***61.25

Principal Place of Business

Mailing Address

N. I STREET
PENSACOLA FL 32501PO BOX 17551
PENSACOLA FL 32522-7551

00024140

Principal Place of Business

3. Mailing Address

P.O. Apt. #, etc.

Suite, Apt. #, etc.

County & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent**MICHEAL
N. I STREET
PENSACOLA FL 32501

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

Michael Leonard

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

(NOTE: Registered Agent signature required when reinstating)

2/18/00
DATE**FILE NOW:**
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to**
Department of State**OFFICERS AND DIRECTORS****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

| | | | |
|----------------|--|--|---|
| ADDRESS ZIP | P LEONARD, MICHEAL 7075 GLENDORA ST PENSACOLA FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D TED MARTIN 3234 Palmdale Ave. Pensacola, FL 32526 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| ADDRESS ZIP | T BOLLENBACHER, THOMAS 4272 CAPRI DRIVE PENSACOLA FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 1315 BAYSHORE RD. GULF BREEZE, FL 32561 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| ADDRESS ZIP | S HOLCOMB, BECKY 424 ADAMS ROAD PACE FL <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | S ROBBIE BILKISON 6280 Window Dr PENSACOLA, FL 32504 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| ADDRESS ZIP | D KROGER, ALLYN 4560 SAILBOAT LANE PENSACOLA FL <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D VOLOME ALI 1770 Jacks Branch Rd Cantonment, FL 32533 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| ADDRESS ZIP | D BAKER, KENNETH 1324 E. GADSDEN ST. PENSACOLA FL 32501 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| ADDRESS ZIP | D LAWRIE, CRAIG P.O. BOX 4042 MILTON FL 32572 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D EDWARD MAISCHAUER 5713 PRINCETON DR PENSACOLA, FL 32506 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:*Michael Leonard*
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/00

Date

850-433-8080

Daytime Phone #

CR2E037 (9/99)