

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90791 007 ****61.25

DOCUMENT # N94000002246

1. Entity Name

AMVETS, HUDSON POST # 16, INC.



Principal Place of Business

9638 STATE RD. 52
HUDSON FL 34669

Mailing Address

9638 STATE RD. 52
HUDSON FL 34669

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3257809**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WALTERS, CHARLES A
14039 WATER TOWER DR
HUDSON FL 34667

7. Name and Address of New Registered Agent

Name **TENNIS, KENNETH D**

Street Address (P.O. Box Number is Not Acceptable)
17219 MERIDIAN BLVD.,

City **HUDSON**

FL

Zip Code
34667

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Kenneth D. Tennis

KENNETH D. TENNIS

4-27-03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	WALTER, CHARLES A	
STREET ADDRESS	14039 WATER TOWER DR	
CITY-ST-ZIP	HUDSON FL 34667	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	WALTERS, CHARLES A	
STREET ADDRESS	14036 WATER TOWER DR	
CITY-ST-ZIP	HUDSON FL 34667	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	HECK, WILLIAM	
STREET ADDRESS	11837 MARY LOU DR	
CITY-ST-ZIP	HUDSON FL 34669	
TITLE	D	<input type="checkbox"/> Delete
NAME	COOKE, JAMES J	
STREET ADDRESS	11827 QUINCY DR	
CITY-ST-ZIP	NEW PORT RICHEY FL 34654	
TITLE	D	<input type="checkbox"/> Delete
NAME	MULLIGAN, ROBERT D	
STREET ADDRESS	12037 SHADOW RIDGE	
CITY-ST-ZIP	HUDSON FL 34669	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	COMMANDER (P)	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HECK, WILLIAM		
STREET ADDRESS	11837 MARYLOU DR		
CITY-ST-ZIP	HUDSON, FL 34669		
TITLE	SERVICE COMMANDER (V)	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HOEKENDORF		
STREET ADDRESS	HOEKENDORF, PETER E.		
CITY-ST-ZIP	18145 STATE RD 52 LAND O LAKES, FL 34639-6902		
TITLE	FINNICE OFFICER (D)	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TENNIS, KENNETH D		
STREET ADDRESS	17219 MERIDIAN BLVD		
CITY-ST-ZIP	HUDSON, FL 34667-4936		
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 11 if changed, or on an attachment to this report, with a letter like empowerment.

SIGNATURE:

Kenneth D. Tennis **KENNETH D. TENNIS** 4/27/03 727-819-2072

CR2E037 (10/02)