

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 02, 2001 8:00 am
Secretary of State

02-02-2001 90300 002 ****61.25

DOCUMENT # N96000000280

1. Entity Name

AMERICAN MERCHANT MARINE VETERANS, OCALA CHAPTER

Principal Place of Business

3050 S.E. 157TH LANE ROAD
 SUMMERFIELD FL 34491

Mailing Address

P O BOX 5482
 OCALA FL 34478-5482
 US

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

59-3329691

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

BRACKEN, JOSEPH P
3050 S.E. 157TH LANE ROAD
SUMMERFIELD FL 34491

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** ☐ Delete
 NAME **JOHN D. VETTER**
 STREET ADDRESS **1801 NE 16TH PLACE**
 CITY-ST-ZIP **OCALA FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** ☐ Delete
 NAME **MORRIS, HARVEY**
 STREET ADDRESS **8055 N DACCIA TERRACE**
 CITY-ST-ZIP **DUNNELLON FL 34433-5413**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** ☐ Delete
 NAME **CARL FREY**
 STREET ADDRESS **16895 SE 272 CT**
 CITY-ST-ZIP **UMATILLA FL 32784**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **P** ☒ Delete
 NAME **KEARBY, BYRON**
 STREET ADDRESS **9975 SW 182ND CIR**
 CITY-ST-ZIP **DUNNELLON FL 34432**

TITLE **P** ☒ Change ☒ Addition
 NAME **BALSER GEORGE**
 STREET ADDRESS **9330 SW 92ND LANE**
 CITY-ST-ZIP **OCALA FL 34481-8600**

TITLE **D** ☐ Delete
 NAME **JOSEPH P. BRACKEN**
 STREET ADDRESS **3050 S.E. 157TH LANE RD.**
 CITY-ST-ZIP **SUMMERFIELD FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V** ☒ Delete
 NAME **HOITELA, CARL E**
 STREET ADDRESS **22 TEAK WAY**
 CITY-ST-ZIP **OCALA FL 34472-9429**

TITLE **V** ☒ Change ☐ Addition
 NAME **CHIODO WILLIAM**
 STREET ADDRESS **3908 NE 22ND LANE**
 CITY-ST-ZIP **OCALA FL 34470-3156**

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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 12, 2001 352 347 5726
 Date Daytime Phone #

CR2E037 (10/00)