

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 21, 2002 8:00 am**  
**Secretary of State**

02-21-2002 90081 028 \*\*\*\*70.00

**DOCUMENT # N96000000882**

1. Entity Name

**REGULAR AMERICAN VETERANS INC. NATIONAL HEADQUARTERS**

Principal Place of Business

*1426 Shadecville Hwy*  
 4642 COASTAL HWY  
 CRAWFORDVILLE FL 32327  
 US

Mailing Address

*PO Box 1860*  
 4642 COASTAL HWY  
 CRAWFORDVILLE FL 32326  
 US

*850-926-5387*



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

*1426 Shadecville Hwy*  
 Suite, Apt. #, etc.

3. Mailing Address

*PO Box 1860*  
 Suite, Apt. #, etc.

City & State

*CRAWFORDVILLE FL*

City & State

*CRAWFORDVILLE FL*

4. FEI Number

**59-3280603**

Applied For

Not Applicable

Zip

*32327*

Country

*Wakulla*

Zip

*32326*

Country

*Wakulla*

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

*4640*  
 HEARON, JOHN F  
 4642 COASTAL HWY  
 CRAWFORDVILLE FL 32327

7. Name and Address of New Registered Agent

Name *John F HEARON NA*  
 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 *John F. Hearon*  
 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

TITLE	<b>DNC</b>	<input type="checkbox"/> Delete
NAME	HEARON, JOHN F	
STREET ADDRESS	4642 COASTAL HWY	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	
TITLE	<b>DNV</b>	<input type="checkbox"/> Delete
NAME	ARRINGTON, WALTER	
STREET ADDRESS	3528 LONDON LANE	
CITY-ST-ZIP	FORT WORTH TX 76118	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	ENGBERG, JOHN B	
STREET ADDRESS	1309 HARRLSON LANE	
CITY-ST-ZIP	AUSTIN TX 78742	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	CARTER, JERRY	
STREET ADDRESS	9883 WOODVILLE HWY	
CITY-ST-ZIP	TALLAHASSEE FL 32311	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	ADAMS, VESTER	
STREET ADDRESS	RT 5 BOX 1065 HWY 63	
CITY-ST-ZIP	TALLAHASSEE FL 32311	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	YELTON, RICHARD	
STREET ADDRESS	272 E. MONTEREY	
CITY-ST-ZIP	POMONA CA 91766	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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
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STREET ADDRESS	
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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: *John F. Hearon* **SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2-1-02*  
 Date

Daytime Phone #

CR2E037 (9/01)

Attachment  
02/05/02 10:00:00 AM  
740374

# Wakulla County

Established 1843

## Community Development Department

February 05, 2002

John "Hondo" Hearon  
1426 Shadeville Highway  
Regular American Veterans Headquarters  
Crawfordville, FL 32327

RE: Office/Storage Use at above address

The property described as being located at 1426 Shadeville Highway is presently owned by Larmar Spears is presently zoned C-2 (Section 5-38, Wakulla County Land Development Code) General Commercial. The site contains an existing building site and parking area. The use is consistent with the site zoning and County Comprehensive Plan.

Therefore, the Regular American Veterans Headquarters can be located at this site. Comment or questions regarding this matter may be directed to me at (850) 926-3695 or FAX 926-1528.

Sincerely,



George Edward Mills, Director  
Wakulla County Planning and  
Zoning Department

Wakulla County Community Development Department  
Planning, Zoning, FEMA/CRS/LMS & Code Enforcement  
340 Trice Lane, PO Drawer 1210 Crawfordville FL  
Phone (850) 926-3695 email: gem4net.netscape.net