

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

DOCUMENT # *N96000000882*

1. Entity Name  
*Regular American Veterans Inc National Headquarters*

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 OCT 20 AM 9:18

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*4640 Coastal Hwy*  
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
*Crawfordville FL*

City & State

4. FEI Number

*59-3280603*

Applied For

Not Applicable

Zip  
*32327*

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name *John F. Hearon*

Street Address (P.O. Box Number is Not Acceptable)  
*4640 Coastal Hwy*

City  
*Crawfordville*

FL

Zip Code  
*32327*

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

**FEE IS \$61.25**  
**Initial or Amended UBR**

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 *Doc*  
NAME *John F. Hearon*  
STREET ADDRESS *4640 Coastal Hwy*  
CITY-ST-ZIP *Crawfordville, FL 32327*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE *DNV*  
NAME *Walter Arrington*  
STREET ADDRESS *3528 London Lane*  
CITY-ST-ZIP *Fort Worth, TX 76118*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**200023938492**  
**10/20/03--01010--016 \*\*70.00**

TITLE *ID*  
NAME *John B. Engberg*  
STREET ADDRESS *1309 Harrison Lane*  
CITY-ST-ZIP *Austin TX 78742*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

TITLE *D*  
NAME *Jerry Carter*  
STREET ADDRESS *9883 Woodville Hwy*  
CITY-ST-ZIP *Tallahassee FL 32311*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE *T*  
NAME *Vester Adams*  
STREET ADDRESS *Rt 5 Box 1065 Hwy 63*  
CITY-ST-ZIP *Tallahassee FL 32311*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE *T*  
NAME *Richard Yelton*  
STREET ADDRESS *272 E Monterey*  
CITY-ST-ZIP *Pomona, CA 91766*

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

SIGNATURE: *X John F. Hearon*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*10-20-03 850 926 5509*

CR2E037B (12/01)