

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000002631

1. Entity Name

AMVETS POST 25 CITRA, FLA. INCORPORATED

**FILED**  
**Feb 24, 2000 8:00 am**  
**Secretary of State**

02-24-2000 90009 040 \*\*\*\*61.25

Principal Place of Business

5561 N.W. 191ST PL  
ORANGE LAKES FL 37681  
US

Mailing Address

P.O. BOX 761  
ORANGE LAKE FL 32113-0126

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 **59-3364351**

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

RUSSELL, FRANK  
5561 N.W. 191 ST PL  
P.O. BOX 761  
ORANGE LAKES FL 32681

## 7. Name and Address of New Registered Agent

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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>RUSSELL, FRANK</b>	
STREET ADDRESS	<b>P.O. BOX 761</b>	
CITY-ST-ZIP	<b>ORANGE LAKES FL 33681</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HAMPKER, ROBERT</b>	
STREET ADDRESS	<b>503 NE 155TH PLACE</b>	
CITY-ST-ZIP	<b>CITRA FL 32113</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LECHER, MICHAEL JR</b>	
STREET ADDRESS	<b>P.O. BOX 659</b>	
CITY-ST-ZIP	<b>MC INTOSH FL 32664</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 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
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STREET ADDRESS		
CITY-ST-ZIP		
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ROBERT L. HAMPKER** 2/8/00 595-5312

Date

Daytime Phone #

CR2E037 (9/99)