

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006226

1. Entity Name

ALLIED VETERANS OF THE WORLD WOMENS AUXILIARY, I HQ

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90011 033 ****70.00

Principal Place of Business

1302 PONCE DE LEON BOULEVARD
FUNCTION ROOM
ST. AUGUSTINE FL 32084

Mailing Address

694 ALEIDA DRIVE
ST. AUGUSTINE FL 32086-7701
US

2. Principal Place of Business

1965 STATE ROAD #16

3. Mailing Address

Allied Veterans
of the World, Inc.
Post #1 HQ

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST. AUGUSTINE FL

City & State

P.O. Box 840149
St. Augustine, FL 32084

Zip

Country

ST. JOHNS

Zip

32086

Country

4. FEI Number

59-3477803

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

BOWLES, LINDA
694 ALEIDA DRIVE
ST. AUGUSTINE FL 32086

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 NAME STREET ADDRESS CITY-ST-ZIP	TT GROSSMAN, TANIYA S 650 WEST POPE ROAD, APT. 245 ST. AUGUSTINE FL 32084	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT BOWLES, LINDA 694 ALEIDA DRIVE ST. AUGUSTINE FL 32084	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT RAMOS, ELIZABETH 694 ALEIDA DRIVE ST. AUGUSTINE FL 32084	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

ELIZABETH RAMOS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-2000

Date

904-794-7809

Daytime Phone #

CR2E037 (9/99)