

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000001361

1. Entity Name

JIMMY G. TUCKER POST NO. 6510 VETERANS OF FOREIGN

**FILED**  
**Feb 13, 2000 8:00 am**  
**Secretary of State**

02-13-2000 90014 044 \*\*\*\*61.25

Principal Place of Business

Mailing Address

THE HOOTCH 241 LAKE ELLA DR  
TALLAHASSEE FL 32303

O/M W. RAY SNYDER  
66 DOLLY DRIVE  
CRAWFORDVILLE FL 32327-5122

DUPLICATE



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

American Legion Hall

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
229 Lake Ella Dr

City & State

Tallahassee FL

City & State

4. FEI Number

59-320-4667

Applied For

Not Applicable

Zip

32303

Country

Zip

Country

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

SNYDER, W. RAY  
66 DOLLY DRIVE  
CRAWFORDVILLE FL 32327

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 STALLINGS, RAY  
STREET ADDRESS P.O. BOX 735  
CITY-ST-ZIP WOODVILLE FL 32362

TITLE P/D ☒ Change ☐ Addition  
NAME Richard C Arthur, Jr  
STREET ADDRESS 2626 Peachtree Dr  
CITY-ST-ZIP Tallahassee FL 32304-1238

TITLE D ☐ Delete  
NAME BRUNER, JAMES W  
STREET ADDRESS 3602 ROBIN RD  
CITY-ST-ZIP TALLAHASSEE FL 32310

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

TITLE D ☐ Delete  
NAME SNYDER, W. RAY  
STREET ADDRESS 66 DOLLY DRIVE  
CITY-ST-ZIP CRAWFORDVILLE FL 32327

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ 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

Date

Daytime Phone #

CR2E037 (9/99)