

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005880

1. Entity Name

AMVETS POST #28 OF HERNANDO COUNTY, FLORIDA

Principal Place of Business

P.O. BOX 15242
BROOKSVILLE FL 34604

Mailing Address

11100 LYNDEN DR
SPRING HILL FL 34609

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 59-3495301

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

JOHNSON, JAMES
11100 LYNDON DR
SPRING HILL FL 34609

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 C
NAME JOHNSON, JAMES
STREET ADDRESS 11100 LYNDEN DR
CITY-ST-ZIP SPRING HILL FL 34609 ☐ Delete

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

TITLE VC
NAME MORRISSEY, WILLIAM V
STREET ADDRESS 4446 WATT AVE
CITY-ST-ZIP SPRING HILL FL 34609 ☐ Delete

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

TITLE VC
NAME HANNA, ARVID G
STREET ADDRESS 8501 FLEET WAY
CITY-ST-ZIP BROOKSVILLE FL 34613 ☐ Delete

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

TITLE TR
NAME ROBINSON, MICHAEL
STREET ADDRESS 1406 DELTONA BLVD
CITY-ST-ZIP SPRING HILL FL 34606 ☐ Delete

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

TITLE TR
NAME MARTIN, JOHN
STREET ADDRESS 259 HOWELL AVE
CITY-ST-ZIP BROOKSVILLE FL 34601 ☐ Delete

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

TITLE TR
NAME RUGGERIO, JOHN
STREET ADDRESS 4477 DASTON ST
CITY-ST-ZIP SPRING HILL FL 34613 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

352-683-3871

Daytime Phone #

CR2E037 (9/01)



DO NOT WRITE IN THIS SPACE