

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90039 027 ****61.25

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

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

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

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

TITLE ☒ Change ☐ Addition
NAME **TR**
STREET ADDRESS **ORLANDO, SALVATORE**
CITY-ST-ZIP **7630 LAMAR DR**
SPRING HILL, FL 34606

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

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 REQUIRED

1-7-03

352-683-3871

CR2E037 (10/02)