

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 740129

1. Entity Name

116TH FIELD ARTILLERY VETERANS ASSOCIATION, INC.

Principal Place of Business

1612 DUCHESS DR
ORLANDO FL 32805
US

Mailing Address

1612 DUCHESS DR
ORLANDO FL 32805
US

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

59-2954002

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

JONES, ELBERT E
1612 DUCHESS DR
ROOM 111
ORLANDO FL 32805

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	P ALLEN, DAVID 21115 FIRST ST. LAND-O-LAKES FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JONES, ELBERT E 1612 DUCHESS DR ORLANDO FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEALOR, WALT 2809 SITIOS TAMPA FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TOMKO, JOSEPH D 9510 HARNEY RD THONOTOSASSA FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALES, GUS 3010 COLLINS ST TAMPA FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

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

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: ELBERT E. JONES

Date

Daytime Phone #

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90071 004 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)