

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 18, 2002 8:00 am**  
**Secretary of State**

03-18-2002 90075 036 \*\*\*\*70.00

**DOCUMENT # 714291**

1. Entity Name

**WAINWRIGHT POST NO. 2185 VETERANS OF FOREIGN WAR  
 S OF THE UNITED STATES, INC**

Principal Place of Business

Mailing Address

**2136 SHERMAN AVE  
 PANAMA CITY FL 32405**

**2136 SHERMAN AVE  
 PANAMA CITY FL 32405**

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

**59-0732976**

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

**KAISER, FREDERICK A.  
 5108 MARLA DRIVE  
 PANAMA CITY FL 32404**

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 **WAINWRIGHT POST# 2185 VETERANS OF FOREIGN WARS**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**3/5/02**

**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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>KAISER, FRED</b>	
STREET ADDRESS	<b>5108 MARLA DR.</b>	
CITY-ST-ZIP	<b>PARKER FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>LONG, MICHEAL</b>	
STREET ADDRESS	<b>409 SCHOOL AVENUE LOT G3</b>	
CITY-ST-ZIP	<b>PANAMA CITY FL 32401</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>GLADHILL, JAMES</b>	
STREET ADDRESS	<b>2136 SHERMAN AVE</b>	
CITY-ST-ZIP	<b>PANAMA CITY FL 32405</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>COLLINS, CARL</b>	
STREET ADDRESS	<b>2136 SHERMAN AVE</b>	
CITY-ST-ZIP	<b>PANAMA CITY FL 32405</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>MAYNARD, J J</b>	
STREET ADDRESS	<b>2136 SHERMAN AVE</b>	
CITY-ST-ZIP	<b>PANAMA CITY FL 32405</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Michael Long** **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/5/02**  
 Date

**850-769-6291**  
 Daytime Phone #

CR2E037 (9/01)