

2001-UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 719626

1. Entity Name

HARDIN-MULKEY POST NO. 8182, VETERANS OF FOREIGN

Principal Place of Business

243 S. DIXIE HWY
POMPANO BEACH FL 33060
US

Mailing Address

243 S. DIXIE HWY
POMPANO BEACH FL 33060
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

23-7068020

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CASTILLO, ROBERT
2625 SE 2ND ST
POMPANO BEACH FL 33062

7. Name and Address of New Registered Agent

Name Eugene R. Schofield

Street Address (P.O. Box Number is Not Acceptable)

421 N.W. 52nd ST

City

FT. LAUDERDALE

FL

Zip Code

33309

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

Eugene R. Schofield

Eugene R. Schofield QUARTER MASTER 3-5-01

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SANDY, EDWARD 832 NE 12TH AVE POMPANO BEACH FL 33062	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CASTILLO, ROBERT 2625 SE 2ND ST POMPANO BEACH FL 33062	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERRO, DOMINICK 1690 N. CYPRESS POMPANO BEACH FL 33060	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCHOFIELD, EUGENE R 421 N.W. 52 ST. FORT LAUDERDALE FL 33309	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ROBERT BRYANT 1800 NW 49th ST POMPANO Bch. FL 33064	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Eugene R. Schofield 421 NW 52nd ST. FT. LAUDERDALE FL 33309	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DANA Swisher 7202 S.W. 6th CT. N. LAUDERDALE FL 33068	☒ 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:

Eugene R. Schofield Eugene R. Schofield 3-5-01 260 7737
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 13, 2001 8:00 am
Secretary of State

03-13-2001 90069 031 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)