2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State
03-06-2002 90129 042 ****61.25

DOCUMENT # 719626

1. Entity Name

HARDIN-MULKEY POST NO. 8182, VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.

Principal Place of Business	Mailing Address
243 S. DIXIE HWY. POMPANO BEACH FL 33060 US	243 S. DIXIE HWY. POMPANO BEACH FL 33060 US

DO NOT WRITE IN THIS SPACE

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

SCHOFIELD, EUGENE R.
421 NW 52ND ST
FORT LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name: BRYK THOMAS T.
Street Address (P.O. Box Number is Not Acceptable): 9880 GRAND VERDE WAY #1604
City: BOCA RATON FL Zip Code: 33428

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: THOMAS T. BRYK DT — 2/20/02
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	DP BRYANT, ROLAND 1800 NW 49TH ST POMPANO BEACH FL 33064	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT SCHOFIELD, EUGENE R 421 NW 52ND ST FORT LAUDERDALE FL 33309	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT BRYK, THOMAS T. 9880 GRAND VERDE WAY #1604 BOCA RATON FL 33428	☒ Change ☒ Addition
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	D OWENS, JOHN 229 AVENDALE DR. POMPANO BEACH, FL. 33060	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SWISHER, DANA 7202 SW 6TH CT. NORTH LAUDERDALE FL 33068	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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: THOMAS T. BRYK — 2/20/02 — 954-770-5542
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #