

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

FILED
Jul 30, 2003 8:00 am
Secretary of State

07-30-2003 90068 040 *****70.00

0006772

DOCUMENT # 719626

1. Entity Name

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



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

7. Name and Address of New Registered Agent

**BRYK, THOMAS T
9880 GRAND VERDE WAY
SUITE 1604
BOCA RATON FL 33428**

Name **ERICKSEN, LEONARD J**

Street Address (P.O. Box Number is Not Acceptable)
2640 E. GOLF BLVD

City **POMPANO BEACH FL** Zip Code **33064**

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 *Leonard J. Ericksen* **LEONARD J ERICKSEN** **7/27/03**
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
After September 10, 2003, min will be \$236.25**

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 **DP** ☒ Delete
NAME **BRYANT, ROLAND**
STREET ADDRESS **1800 NW 49TH ST**
CITY-ST-ZIP **POMPANO BEACH FL 33064**

TITLE **DTM** ☐ Change ☐ Addition
NAME **ERICKSEN, LEONARD J**
STREET ADDRESS **2640 E. GOLF BLVD**
CITY-ST-ZIP **POMPANO BEACH, FL 33064**

TITLE **DT** ☒ Delete
NAME **BRYK, THOMAS T**
STREET ADDRESS **9880 GRANDE VERDE WAY, #1604**
CITY-ST-ZIP **BOCA RATON FL 33428**

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

TITLE **D** ☐ Delete
NAME **OWENS, JOHN**
STREET ADDRESS **229 AVENDALE DRIVE**
CITY-ST-ZIP **POMPANO BEACH FL 33060**

TITLE **DPC** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **SWISHER, DANA**
STREET ADDRESS **7202 SW 6TH CT.**
CITY-ST-ZIP **NORTH LAUDERDALE FL 33068**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Leonard J. Ericksen* **7/27/03** **954-943-7706**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (4/03)