

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 18, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90129 043 \*\*\*\*61.25

**DOCUMENT # 722440**

1. Entity Name

**CLARENCE S. JONES POST NO. 4250, VETERANS OF FOR**



Principal Place of Business

2350 SUNSET DR.  
 NEW SMYRNA BEACH FL 32168

Mailing Address

P.O. BOX 1827  
 NEW SMYRNA BCH. FL 32170



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**59-6161982**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

8. Name and Address of Current Registered Agent

**MAYNES, EDWARD H**  
**146 SPRING DR**  
**PORT ORANGE FL 32119**

7. Name and Address of New Registered Agent

Name

**JEFFERY B. WIDMANN**

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

**2428 S. GLENCOE Rd.**

City

**NEW SMYRNA BEACH**

FL

Zip Code  
**32168**

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

**JEFFERY B. WIDMANN**

*Jeffery B. Widmann*

**04-30-01**

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	PC O'KEEFE, ROBERT J 816 E 19TH ST NEW SMYRNA BEACH FL 32169	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COFFEY, WILLIAM M 165 BRANDY HILLS DR PORT ORANGE FL 32119	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DJVC FRANKS, JOHN A 5510 LANCEWOOD CIRCLE N PORT ORANGE FL 32119	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TO MAYNES, EDWARD H 146 SPRING DR PORT ORANGE FL 32119	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT DEW, MAURICE 850 DOUGHERTY ST. NEW SMYRNA BEACH FL 32169	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Post CMDR O'KEEFE, ROBERT J. 140 WILLIAMS NEW SMYRNA BEACH FL. 32168	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S.R. VICE CMDR. MAYNES EDWARD H. 146 SPRING DRIVE PORT ORANGE FL. 32119	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JR. VICE CMDR. MOORE, EDWARD 616 DORA ST NEW SMYRNA BEACH FL 32168	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	QUARTERMASTER JEFFERY B. WIDMAN 2428 S. GLENCOE RD NEW SMYRNA BEACH FL. 32168	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUSTEE DEW, MAURICE 850 DOUGHERTY ST. NEW SMYRNA BEACH, FL 32169	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Jeffery B. Widmann*  
**SIGNATURE REQUIRED: JEFFERY B. WIDMAN**

**04-30-01**

**904-423-1789**

SIGNATURES AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)