2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2002 8:00 am
Secretary of State
01-25-2002 90022 031 ****61.25

DOCUMENT # 723393

1. Entity Name

A.E.M. POST NO. 4287, VETERANS OF FOREIGN WARS O F THE UNITED STATES, INCORPORATED

B0010418

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
AEM POST 4287 3500 S GOLDENROD RD ORLANDO FL 32822 US	AEM POST 4287 P.O. BOX 720100 ORLANDO FL 32872

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 23-7069121 ☐ 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
SAGEN, RICHARD A 9 CAPEHART DR ORLANDO FL 32807	Name: THUMPSTON JAMES D. Street Address (P.O. Box Number is Not Acceptable): 5567 MARTY ROAD City: ORLANDO **FL** Zip Code: 32822

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 James D. Thumpston Quartermaster James D Thumpston Jan 10, 2002
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	D SWOSZOWSKI, RICHARD H 5344 LAKE UNDERHILL RD ORLANDO FL 32807	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SAGEN, RICHARD A 9 CAPEHART DR ORLANDO FL 32807	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	THUMPSTON JAMES D. 5567 Marty Road Orlando fl. 32822	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MAURY, RONALD W 3148 BRIDGEFORD DR ORLANDO FL 32812-6083	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	COEN VINCENT A. 5650 Patricia Dr. Orlando Fl. 32822	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BRODRICK, ROBERT W 7415 MULOKAI ST ORLANDO FL 32822	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HULL, DAVID M 2717 CLEBURN RD ORLANDO FL 32817	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JACKOWSKI BERNARD R. 2941 Condel Drive Orlando Fl. 32812	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SWOSZOWSKI, RICHARD H 5344 LAKE UNDERHILL RD ORLANDO FL 32822	☐ 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: SIGNATURE REQUIRED Sam Sweetman Commander Sam Sweetman 01-10-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #