

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90035 041 *****70.00

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DOCUMENT # 729896

1. Entity Name

ENGLEWOOD POST NO. 10178, VETERANS FOR FOREIGN WARS OF THE UNITED STATES, INC.

Principal Place of Business

**550 MCCALL RD
ENGLEWOOD FL 34223
US**

Mailing Address

**550 MCCALL RD
ENGLEWOOD FL 34223
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

52-1664051

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WILLIAMS, FRED S.
9699 GULFSTREAM BLVD
ENGLEWOOD FL 34224**

7. Name and Address of New Registered Agent

Name

JOHN WALSH

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

928 BAY VISTA BLVD

City

ENGLEWOOD

FL

Zip Code

34223

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

John J Walsh

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-21-02

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	CMD AUGUST, RICHARD	☒ Delete
STREET ADDRESS	565 SANDLER DR.	
CITY-ST-ZIP	ENGLEWOOD FL	
TITLE NAME	VCMD HOOD, GEORGE	☒ Delete
STREET ADDRESS	2556 11TH ST	
CITY-ST-ZIP	ENGLEWOOD FL	
TITLE NAME	D BENDER, JOHN A	☒ Delete
STREET ADDRESS	950 LAMPP DR	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE NAME	QM WILLIAMS, FRED S.	☒ Delete
STREET ADDRESS	9699 GULFSTREAM BLVD	
CITY-ST-ZIP	ENGLEWOOD FL	
TITLE NAME	D HOLM, SIDNEY R	☒ Delete
STREET ADDRESS	39 GOLFVIEW PL	
CITY-ST-ZIP	PLACIDA FL	
TITLE NAME	D CROWELL, CECIL	☒ Delete
STREET ADDRESS	1445 MANOR RD	
CITY-ST-ZIP	ENGLEWOOD FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	CMD SIDNEY HOLM	☐ Change ☐ Addition
STREET ADDRESS	37 GOLFVIEW PL.	
CITY-ST-ZIP	ROTONDA WEST, FL 33947	
TITLE NAME	VCMD ELMER BAKER	☐ Change ☐ Addition
STREET ADDRESS	1761 KEYWAY RD.	
CITY-ST-ZIP	ENGLEWOOD, FL 34223	
TITLE NAME	D DAVID CURRIE	☐ Change ☐ Addition
STREET ADDRESS	1155 SHORE VIEW DR	
CITY-ST-ZIP	ENGLEWOOD, FL 34223	
TITLE NAME	QM JOHN WALSH	☐ Change ☐ Addition
STREET ADDRESS	928 BAY VISTA BLVD	
CITY-ST-ZIP	ENGLEWOOD, FL 34223	
TITLE NAME	D RICHARD AUGUST	☐ Change ☐ Addition
STREET ADDRESS	565 SANDLER DR.	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE NAME	D FRED MILLER	☐ Change ☐ Addition
STREET ADDRESS	6216 SHASTA DR	
CITY-ST-ZIP	ENGLEWOOD FL 34223	

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:

John J Walsh

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-02 941-474-7516

Date

Daytime Phone #

CR2E037 (9/01)