

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # 731014**

1. Entity Name

**JOHN S. LYMAN, JR. POST #4536, VETERANS OF FOREI**

Principal Place of Business

4401 DIXIE HWY. NE  
PALM BAY FL 32905

Mailing Address

4401 DIXIE HWY. NE  
PALM BAY FL 32905-4344

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

23-7091101

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

**WILLIAMS, DAVID J  
1142 ASTURIA AVE SE  
PALM BAY FL 32909**

Name

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

City

**FL**

Zip Code

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

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  Delete  
NAME **DC**  
STREET ADDRESS **HORAN, E. J**  
CITY-ST-ZIP **4401 DIXIE HWY NE  
PALM BAY FL 32906**

Change  Addition  
**500003178166--3**  
**-03/21/00--01093--008**  
**\*\*\*\*\*70.00 \*\*\*\*\*70.00**

TITLE  Delete  
NAME **DSVC**  
STREET ADDRESS **HEILER, FREDERICK**  
CITY-ST-ZIP **4401 DIXIE HWY NE  
PALM BAY FL 32908**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **TVC**  
STREET ADDRESS **NADLO, PAUL JR.**  
CITY-ST-ZIP **4401 DIXIE HWY NE  
PALM BAY FL 32905**

TITLE  Change  Addition  
NAME **DR Vice Commander**  
STREET ADDRESS **JONES, EDWARD L.**  
CITY-ST-ZIP **4401 Dixie Hwy NE  
Palm Bay, FL 32905-4344**

TITLE  Delete  
NAME **DQM**  
STREET ADDRESS **WILLIAMS, DAVID J**  
CITY-ST-ZIP **1142 ASTURIA AVE SE  
PALM BAY FL**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **T**  
STREET ADDRESS **ELLIOTT, GEORGE L**  
CITY-ST-ZIP **4401 DIXIE HWY NE  
PALM BAY FL 32905**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **T**  
STREET ADDRESS **HOGGAT, CHARLES**  
CITY-ST-ZIP **4401 DIXIE HWY NE  
PALM BAY FL**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP **SP**

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: **DISCOUNT REQUIRED DAVID J. WILLIAMS**

1-18-00 321-725-2999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)

FILED  
00 MAR -9 PM 3:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE