

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90093 001 ****61.25

0069636

DOCUMENT # 731014

1. Entity Name

JOHN S. LYMAN, JR. POST #4536, VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.

Principal Place of Business

Mailing Address

**4401 DIXIE HWY. NE
 PALM BAY FL 32905**

**4401 DIXIE HWY. NE
 PALM BAY FL 32905**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7091101

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

David J. Williams **DAVID J. WILLIAMS**

1-17-02

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	C	<input type="checkbox"/> Delete
NAME	NUNN, GARY L	
STREET ADDRESS	4401 DIXIE HWY NE	
CITY-ST-ZIP	PALM BAY FL 32906	
TITLE	DSVC	<input checked="" type="checkbox"/> Delete
NAME	HEILER, FREDERICK	
STREET ADDRESS	4401 DIXIE HWY NE	
CITY-ST-ZIP	PALM BAY FL 32906	
TITLE	JVC	<input checked="" type="checkbox"/> Delete
NAME	KRAMER, ROBERT	
STREET ADDRESS	4401 DIXIE HWY NE	
CITY-ST-ZIP	PALM BAY FL 32905-4344	
TITLE	DOM	<input type="checkbox"/> Delete
NAME	WILLIAMS, DAVID J	
STREET ADDRESS	1142 ASTURIA AVE SE	
CITY-ST-ZIP	PALM BAY FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	ELLIOTT, GEORGE L	
STREET ADDRESS	4401 DIXIE HWY NE	
CITY-ST-ZIP	PALM BAY FL 32905	
TITLE	T	<input type="checkbox"/> Delete
NAME	HOGGAT, CHARLES	
STREET ADDRESS	4401 DIXIE HWY NE	
CITY-ST-ZIP	PALM BAY FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ROBERT SMITH	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT SMITH	
STREET ADDRESS	4401 DIXIE HWY N.E.	
CITY-ST-ZIP	PALM BAY, FL 32905	
TITLE	DOUGLAS MALLON	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOUGLAS MALLON	
STREET ADDRESS	4401 DIXIE HWY N.E.	
CITY-ST-ZIP	PALM BAY, FL 32905	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	E. JOE HOGAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	E. JOE HOGAN	
STREET ADDRESS	4401 DIXIE HWY N.E.	
CITY-ST-ZIP	PALM BAY, FL 32905	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

David J. Williams **DAVID J. WILLIAMS** **1-17-02 321-725-2999**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRZE037 (9/01)