

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90901 032 ****70.00

DOCUMENT # 744960

1. Entity Name

ARRANT SMITH POST NO. 4127 VETERANS OF FOREIGN W

Principal Place of Business

Mailing Address

601 N.E. 2ND. RD.
 HOMESTEAD FL 33030

601 N.E. 2ND. RD.
 HOMESTEAD FL 33030-6177



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1097344

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ROBILLARD, EDWARD
 1361 SAND PIPER RD
 HOMESTEAD FL 33030

Name **VERN HANSON**

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

11750 SW 168TH STREET

City

MIAMI

FL

Zip Code

33177

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

Vernon Dean Hanson **VERNON DEAN HANSON**

28 APRIL 2000

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	VP FARRELL, STEVER R 16941 SW 301 ST HOMESTEAD FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROBILLARD, EDWARD 1361 SAND PIPER RD HOMESTEAD FL 33035	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SULLIVAN, MICHAEL 22924 SW 150TH CT. LEISURE CITY FL	<input checked="" type="checkbox"/> Delete <i>keep</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ALDREDGE, KIT 13101 S.W. 260TH ST. HOMESTEAD FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RICHARD HINES PO BOX 901191 HOMESTEAD FL 33090	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FRANK FRANCES PO BOX 900245 HOMESTEAD, FL 33090	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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:

Vernon Dean Hanson **VERNON DEAN HANSON** **29 APR 2000** **(305) 969-3651**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)