2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State
01-31-2002 90093 044 ****61.25

DOCUMENT # 746372

1. Entity Name

PORT RICHEY POST NO. 6180 VETERANS OF FOREIGH WARS OF THE UNITED STATES, INC.

Principal Place of Business	Mailing Address
11551 OSCEOLA DRIVE NEW PORT RICHEY FL 34654-1334	11551 OSCEOLA DRIVE NEW PORT RICHEY FL 34654-1334

DO NOT WRITE IN THIS SPACE

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 59-1900114 ☐ 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
BROWER, ARNOLD 11551 OSCEOLA DRIVE NEW PORT RICHEY FL 34654	Name: RAYMOND E WUEST Street Address (P.O. Box Number is Not Acceptable): 8429 PAXTON DR City: Port Richey FL Zip Code: 34668

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: Raymond E Wuest RAYMOND E WUEST 1-16-02
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	T WUEST, RAY 8429 PAXTON DR PORT RICHEY FL 34668	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	QM WUEST RAY 8429 PAXTON DR PORT Richey, FL 34668 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T FAWLEY, ROBERT L P O BOX 7081 HUDSON FL 34674	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SA LOVE Joseph 9211 LAKE VIEW DR NEW PORT Richey FL 34654 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	QM BROWER, ARNOLD 11551 OSCEOLA DR NEW PORT RICHEY FL 34654	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ELIJAH Summerfield 9410 PONTIAC NEW PORT Richey FL 34654 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BARNHILL, THOMAS L 7610 JASMIN BLVD PORT RICHEY FL 34668	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BARNHILL Thomas L 7610 JASMIN BLVD Port Richey FL 34668 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C MCDADE, ROBERT 2309 GODFREY AVE SPRINGHILL FL 34609	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C MCDADE Robert 2309 Godfrey Ave Spring Hill FL 34609 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JV LOVE, JOSEPH 9211 LAKE VIEW DR NEW PORT RICHEY FL 34654	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Loyd Collins V 11602 Rosetree DR New Port Richey 34654 ☐ 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: Raymond E Wuest RAYMOND E WUEST 1-16-02 727-864-8814
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #