

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 01, 2002 8:00 am
Secretary of State

07-01-2002 90351 036 ****70.00

DOCUMENT # 752619

1. Entity Name

MELBOURNE POST 4206 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.

Principal Place of Business

Mailing Address

RS OF THE UNITED STATES, INC.
 3201 SOUTH DAIRY ROAD
 MELBOURNE FL 32904-4722

RS OF THE UNITED STATES, INC.
 3201 SOUTH DAIRY ROAD
 MELBOURNE FL 32904-4722

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 **59-0900146**

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

HOLLER, WALTER
 93 LAKESHORE DR
 MELBOURNE FL 32901

Name **RAYMOND PICKARD**

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

3201 S. DAIRY RD

City **Melbourne**

FL

Zip Code

32904

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 **C**
 NAME **BOWEN, REGINALD F JR**
 STREET ADDRESS **542 ORTEGA ST JE**
 CITY-ST-ZIP **PALM BAY FL 32909**

TITLE **C**
 NAME **CARL Philip**
 STREET ADDRESS **3201 S DAIRY RD**
 CITY-ST-ZIP **Melbourne FL 32904**

TITLE **QM**
 NAME **HOLLER, WALTER**
 STREET ADDRESS **83 LAKESHORE DR**
 CITY-ST-ZIP **MELBOURNE FL 32901**

TITLE **QM**
 NAME **PICKARD RAYMOND**
 STREET ADDRESS **3201 S DAIRY RD**
 CITY-ST-ZIP **Melbourne FL 32904**

TITLE **SV**
 NAME **HERSHEY, JOSEPH T**
 STREET ADDRESS **1397 GIRALD CIR. NW**
 CITY-ST-ZIP **PALM BAY FL 32907**

TITLE **SV**
 NAME **EDWARD SCOTT**
 STREET ADDRESS **3201 S. DAIRY RD**
 CITY-ST-ZIP **Melbourne FL 32904**

TITLE **FOLDY, ANTHONY M**
 STREET ADDRESS **3750 LAURENS AVE.**
 CITY-ST-ZIP **MALABAR FL 32950**

TITLE **T**
 NAME **Redden Harper**
 STREET ADDRESS **3201 S DAIRY RD**
 CITY-ST-ZIP **Melbourne FL 32904**

TITLE **T**
 NAME **REDDEN, HARPER T**
 STREET ADDRESS **412 ROME AVE NE.**
 CITY-ST-ZIP **PALM BAY FL 32907**

TITLE **T**
 NAME **Hershey Joseph**
 STREET ADDRESS **3201 S. DAIRY RD**
 CITY-ST-ZIP **Melbourne FL 32904**

TITLE **MCEVOY, JAMES**
 STREET ADDRESS **5040 WALKER AVE**
 CITY-ST-ZIP **W. MELBOURNE FL 32904**

TITLE **T**
 NAME **MCEVOY, JAMES**
 STREET ADDRESS **5040 WALKER AVE**
 CITY-ST-ZIP **W. MELBOURNE FL 32904**

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 PICKARD** **Quartermaster** **321724 4121**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)