

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 18, 2002 8:00 am**  
**Secretary of State**

02-18-2002 90152 017 \*\*\*\*61.25

**DOCUMENT # N31908**

1. Entity Name

**RANDOLPH FORD POST NO. 7845 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.**

Principal Place of Business

Mailing Address

8604 MOON LAKE ROAD  
 NEW PORT RICHEY FL 34654

6315 STONE ROAD  
 PORT RICHEY FL 34668  
 US

80026984



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

6315 STONE ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PORT RICHEY FL

4. FEI Number

59-2912271

Applied For

Not Applicable

Zip

Country

Zip

Country

34668

PASCO

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

VELIKO, FRANK  
 7742 RADCLIFFE CIRCLE  
 PORT RICHEY FL 34668

Name ~~WINDERS, CHARLES W~~  
 Street Address (P.O. Box Number is Not Acceptable)  
 8732 COCHISE LANE  
 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 *Charles W. Winders* CHARLES W. WINDERS, QUARTERMASTER 31 JAN 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	C CANNATA, NICHOLAS 8922 MARTINIQUE LANE PORT RICHEY FL 34668	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVCD USELLER, WALTER 6519 SPRING FLOWER DR APT 14 NEW PORT RICHEY FL 34653	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	QD VELIKO, FRANK 7742 RADCLIFF CIRCLE PORT RICHEY FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JVCD PELLERINO, JAMES 6539 OUTER DR PORT RICHEY FL 34668	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BOLDUC, CHARLES A 17959 ARCH AVE PT RICHEY FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AD TESTA, FRANK 7709 RADCLIFFE CI PORT RICHEY FL	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	COMMANDER PAXTON, CHARLES 13834 PIMBERTON DR HUDSON FL 34669	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SENIOR VICE COMMANDER ELLISON, RONALD 6810 AMARILLO ST PORT RICHEY FL 34668	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	QUARTER MASTER WINDERS, CHARLES 8732 COCHISE LANE PORT RICHEY FL 34668	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JUNIOR VICE COMMANDER SCHOENTUBE, WALTER 9034 ST CLAIR LN PORT RICHEY FL 34668	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADJUTANT VALENJEVICK, EDWARD 7314 LINCOLN PARK LANE PORT RICHEY, FL. 34668	<input checked="" 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)(l), 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 I am empowered.

SIGNATURE: *Charles F. Paxton* CHARLES F. PAXTON 31 JAN 02 (727) 847-6277  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)