

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2001 8:00 am
Secretary of State

05-24-2001 90496 041 ****61.25

DOCUMENT # N46605
1. Entry Name SPECTRE POST 11367
 VETERANS OF FOREIGN WARS
 OF THE UNITED STATES, INC.

Principal Place of Business 3050 W. US HWY 98.
Mailing Address MARY ESTHER, FL 32569. SAME

2. Principal Place of Business Suite, Apt. #, etc.
3. Mailing Address Suite, Apt. #, etc.

City & State City & State
Zip Zip **Country** Country

4. FEI Number 59 308 2264
Applied For Not Applicable
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 FISH, ROBERT C.
Street Address (P.O. Box Number is Not Acceptable) 108 DOLPHIN RD.
City MARY ESTHER **FL** **Zip Code** 32569

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]* **DATE** 05-14-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	QUARTERMASTER
STREET ADDRESS	KICK, MANFRED G.
CITY-ST-ZIP	2432 HOLLTON CIR. GULF BREEZE, FL 32561
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	COMMANDER. P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISH, ROBERT C.	
STREET ADDRESS	108 DOLPHIN RD	
CITY-ST-ZIP	MARY ESTHER, FL 32569	
TITLE	SR VICE COMMANDER V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OTTEN, JESSICA K	
STREET ADDRESS	2141 ESTATE CIR.	
CITY-ST-ZIP	NAVARRE, FL 32566	
TITLE	JR VICE COMMANDER. V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRUEGER, MELISSA L.	
STREET ADDRESS	3050 US HWY 98 W.	
CITY-ST-ZIP	MARY ESTHER, FL 32569	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	WILLIAMS, ARTHUR L. 9	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS ARTHUR L.	
STREET ADDRESS	3151 HWY 87	
CITY-ST-ZIP	NAVARRE, FL 32566	
TITLE	TRUSTEE 2YR.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AUTH, JOHN G.	
STREET ADDRESS	398 PINE ST	
CITY-ST-ZIP	MARY ESTHER, FL 32569	

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: *[Signature]* **14 Aug 01 850-581-0479**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (11/00)