

2002 UNIFORM BUSINESS REPORT (UBR)

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FILED
Mar 28, 2002 8:00 am
Secretary of State

02-12-2002 90113 012 ****61.25

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

Principal Place of Business 3060 HIGHWAY 98 WEST MARY ESTHER FL 32569	Mailing Address 3060 HIGHWAY 98 WEST MARY ESTHER FL 32569
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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

4. FEI Number 59-3082264	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
STEWART A. LETSON
506 E. HOLLY WOOD BLVD
MARY ESTHER FL 32569

7. Name and Address of New Registered Agent
 Name **WILLIAMS, ARTHUR L.**
 Street Address (P.O. Box Number is Not Acceptable) **3151 HWY 87**
 City **NAVARRE** FL Zip Code **32566**

B. 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 Arthur L. Williams DATE 01-28-02
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 NAME CD LETSON, STEWART A	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 506 E. HOLLYWOOD BLVD.	
CITY-ST-ZIP MARY ESTHER FL 32569	
TITLE NAME TD LAUBSCH, HARTWELL M	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 311 A NICEVILLE AVE.	
CITY-ST-ZIP NICEVILLE FL 32578	
TITLE NAME D KICK, MANFRED G	<input type="checkbox"/> Delete
STREET ADDRESS 2452 HOUSTON CIR.	
CITY-ST-ZIP GULF BREEZE FL 32561	
TITLE NAME D FISH, ROBERT C	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 108 DOLPHIN RD	
CITY-ST-ZIP MARY ESTHER FL 32569	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME CD WILLIAMS, ARTHUR L.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3151 HWY 87	
CITY-ST-ZIP NAVARRE, FL 32566	
TITLE NAME D JOHNSON, CAROL R	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 9200 DEER LN	
CITY-ST-ZIP NAVARRE, FL 32566	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME D OTTEN, JESSICA K	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2141 ESTATE CIR	
CITY-ST-ZIP NAVARRE, FL 32566	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

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: Arthur L. Williams SIGNATURE REQUIRED Arthur L. Williams DATE 03-27-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (9/01)