2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2003 8:00 am
Secretary of State
04-02-2003 90044 044 ****61.25

DOCUMENT # N93000001193

1. Entity Name
V.F.W. POST 6370, INC.

Principal Place of Business	Mailing Address
P.O. BOX 1984 MARCO ISLAND FL 34146	P.O. BOX 1984 MARCO ISLAND FL 34146

☐ CHECK HERE IF MAKING CHANGES

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 65-0266263 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

~~OSTROM, EUGENE W.~~
~~1049 COTTONWOOD CT~~
~~MARCO ISLAND FL 34145~~

ered Agent

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MARCO ISLAND FL Zip Code 34145

8. The above named [illegible] registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of

Robert J. Gruniesen
130 Kendall Dr
Marco Island FL
34145

SIGNATURE _____ Signature (NOTE: Registered Agent signature required when reinstating) DATE Jan 11, 2003

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SUROVIAK, RICHARD 1667 BARBADOS COURT MARCO ISLAND FL 34145	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ~~CARR, OWEN~~ ~~1249 BLUEBIRD AVENUE~~ ~~MARCO ISLAND FL 34145~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition RUBENSTEIN, LEE 1650 BRIERWOOD CT. MARCO ISLAND, FL 34145
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T JOHNSON, WES 837 BUTTONWOOD CT MARCO ISLAND FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/02)

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: Robert J. Gruniesen