

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 12, 2000 8:00 am**  
**Secretary of State**

01-12-2000 90074 047 \*\*\*\*61.25

**DOCUMENT # N99000002022**

1. Entity Name

**VERO BEACH POST 3918 VETERANS OF FOREIGN WARS OF**

Principal Place of Business

Mailing Address

716 KUMQUAT RD.  
 VERO BCH FL 32963

716 KUMQUAT RD.  
 VERO BCH FL 32963-1368

00000004



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0809071

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**VAN KESSEL, MICHAEL H**  
**716 KUMQUAT RD.**  
**VERO BCH FL 32963**

Name

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

City

**FL**

Zip Code

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	PD	WALKER, THOMAS	6825 37TH ST. VERO BCH FL 32966				
	VD	ROGERS, ANDREW S	1632 ADDIE ST. SEBASTIAN FL 32958		VD - SR. VICE COMMANDER	MORAN, HARDY J.	2138 20TH AVE VERO BEACH, FLORIDA 32960
	TD	VAN KESSEL, MICHAEL H.	716 KUMQUAT RD. VERO BCH FL 32963				

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:** *Michael H. Van Kessel* **REQUIRED MICHAEL H. VAN KESSEL 1/5/2000 (561)2316352**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)