

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 01, 2001 8:00 am**  
**Secretary of State**

02-01-2001 90190 006 \*\*\*\*61.25

**DOCUMENT # N99000002022**  
 1. Entity Name  
**VERO BEACH POST 3918 VETERANS OF FOREIGN WARS OF**

Principal Place of Business <b>716 KUMQUAT RD. VERO BCH FL 32963</b>	Mailing Address <b>716 KUMQUAT RD. VERO BCH FL 32963</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>1535 Old Dixie Highway</b> Suite, Apt. #, etc.	3. Mailing Address <b>PO Box 5050</b> Suite, Apt. #, etc.
City & State <b>Vero Beach, FL</b>	City & State <b>Vero Beach, FL</b>
Zip <b>32960</b>	Country <b>Indian River</b>

4. FEI Number <b>59-2972278 65-0809071</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  
**VAN KESSEL, MICHAEL H**  
**716 KUMQUAT RD.**  
**VERO BCH FL 32963**

7. Name and Address of New Registered Agent  
 Name **George Hoose**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1720 20th Ave. G-9**  
 City **Vero Beach, FL** Zip Code **32960**

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 *George T. Hoose* DATE **Jan 27 2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS

TITLE <b>PD</b>	NAME <b>WALKER, THOMAS</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS <b>6825 37TH ST.</b>	CITY-ST-ZIP <b>VERO BCH FL 32966</b>	
TITLE <b>VDVC</b>	NAME <b>HORAN, HARDY J</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>2138 20TH AVE</b>	CITY-ST-ZIP <b>VERO BEACH FL 32960</b>	
TITLE <b>TD</b>	NAME <b>VAN KESSEL, MICHAEL H.</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>716 KUMQUAT RD.</b>	CITY-ST-ZIP <b>VERO BCH FL 32963</b>	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
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 <b>PD</b>	NAME <b>Hardy J. Horan</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>2138 20th Ave.</b>	CITY-ST-ZIP <b>Vero Beach, FL 32960</b>	
TITLE <b>VDVC</b>	NAME <b>John E. Merchant</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>1871 Robalo Dr.</b>	CITY-ST-ZIP <b>Vero Beach, FL 32960</b>	
TITLE <b>TD</b>	NAME <b>George T. Hoose</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>1720 20th Ave G-9</b>	CITY-ST-ZIP <b>Vero Beach, FL 32960</b>	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
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: *Hardy J. Horan* **REQUIRED** *George T. Hoose* **REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date **561 564 8487** Daytime Phone #

CR2E037 (10/00)