2001 UNIFORM BUSINESS REPORT (UBR)

8/7

FILED
Aug 22, 2001 8:00 am
Secretary of State
08-07-2001 90014 032 ****61.25

DOCUMENT # N00000005928

1. Entity Name

DISTRICT 21 VETERANS OF FOREIGN WARS OF THE UNIT

Principal Place of Business	Mailing Address
C/O FRANK VELIKO 7742 RADCLIFFE CIRCEL PORT RICHEY FL 34668	C/O FRANK VELIKO 7742 RADCLIFFE CIRCEL PORT RICHEY FL 34668

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Isador Ciagala 18724 Floralton Dr. Brooksville, FL 34610-1308	Isador Ciagala 18724 Floralton Dr. Brooksville, FL 34610-1308
Zip	Zip
Country	Country

4. FEI Number 59-3737498 ☐ Applied For ☐ Not Applicable

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
HARDING, THEODORE G 1924 WHISPERING WAY TARPON SPRINGS FL 34689	Name JOHN F. FOGARTY Street Address (P.O. Box Number is Not Acceptable) 15149 WOODCREST RD. City SPRING HILL FL Zip Code 34609

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 Isador Ciagala Isador Ciagala Treas. 8-01-01
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
After September 12, 2001, min. will be $236.25

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	PD VELIKO, FRANK 7742 RADCLIFFE CIRCEL PORT RICHEY FL 34668	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Isador Ciagala 18724 Floralton Dr. Brooksville, FL 34610-1308 T	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VD~~ D KOULAN, THOMAS 2020 CARSON AVE SPRING HILL FL 34608	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~SD~~ P. FOGARTY, JOHN F. 15149 WOODCREST ROAD SPRING HILL FL 34609	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~SD~~ D. TAMBURRO, LOUIS 3177B CHARTER CLUB DR TARPON SPRINGS FL 34689	☐ 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	HARDING THEODORE 1924 WHISPERING WAY D. TARPON SPRINGS 34689	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (5/01)

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: Isador Ciagala ISADOR CIAGALA TREAS. 8-01-01 727 848 4001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # WORK