

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 16, 2002 8:00 am**  
**Secretary of State**

01-16-2002 90006 050 \*\*\*\*61.25

**DOCUMENT # 753335**

1. Entity Name

**SEBRING MEMORIAL POST 4300 VETERANS OF FOREIGN W  
 ARS OF THE UNITED STATES, INC.**

Principal Place of Business

Mailing Address

**2011 S.E. LAKEVIEW DRIVE  
 SEBRING FL 33870**

**2011 S.E. LAKEVIEW DRIVE  
 SEBRING FL 33870**

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

**59-0587047**

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

**TULLIS, AMZY D  
 1840 SUN FLOWER CIRCLE  
 SEBRING FL 33872**

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

*Amzy D. Tullis*  
 Signature, typed or printed name of registered agent and title if applicable.

*Amzy D. Tullis*  
 (NOTE: Registered Agent signature required when reinstalling)

*01-08-02*  
 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 **DC** ☒ Delete  
 NAME **WATSON, ROGER A**  
 STREET ADDRESS **2124 BAYVIEW ST**  
 CITY-ST-ZIP **SEBRING FL 33870**

TITLE **DC** ☐ Change ☒ Addition  
 NAME **CHARLES DeVault**  
 STREET ADDRESS **3000 VILLA UNIT #14**  
 CITY-ST-ZIP **SEBRING FL 33870**

TITLE **SVCD** ☐ Delete  
 NAME **SUGG, DUANE J**  
 STREET ADDRESS **1805 5TH AVE**  
 CITY-ST-ZIP **SEBRING FL 33872**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **JVCD** ☐ Delete  
 NAME **HAWKEY, HOWARD L**  
 STREET ADDRESS **4205 SPARTA RD**  
 CITY-ST-ZIP **SEBRING FL 33872**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **T** ☐ Delete  
 NAME **OSBURN, HAROLD**  
 STREET ADDRESS **3510 INDIANA AVE**  
 CITY-ST-ZIP **SEBRING FL 33872**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **T** ☐ Delete  
 NAME **ENGLAND, CARROLL S**  
 STREET ADDRESS **3150 NEW YORK AVE**  
 CITY-ST-ZIP **SEBRING FL 33872**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 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:

*Amzy D. Tullis*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)