

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 20, 2002 8:00 am**  
**Secretary of State**

05-20-2002 90034 019 \*\*\*\*61.25

**DOCUMENT # N00000005928**

1. Entity Name

**DISTRICT 21 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.**

Principal Place of Business

ISADOR CLAGALA  
 18724 FLORATION DRIVE  
 BROOKSVILLE FL 34610-1308  
 US

Mailing Address

ISADOR CLAGALA  
 18724 FLORATION DRIVE  
 BROOKSVILLE FL 34610-1308  
 US

2. Principal Place of Business

15149 WOODCREST RD.  
 Suite, Apt. #, etc.

3. Mailing Address

15149 WOODCREST RD.  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

BROOKSVILLE FL.

City & State

BROOKSVILLE FL.

4. FEI Number

59-3737498

Applied For

Not Applicable

Zip

34609

Country

USA

Zip

34609

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FOGARTY, JOHN F  
 15149 WOODCREST ROAD  
 BROOKSVILLE FL 34609

7. Name and Address of New Registered Agent

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

TITLE: ☐ Delete  
 NAME: ISADOR CLAGALA  
 STREET ADDRESS: 18724 FLORATION DRIVE  
 CITY-ST-ZIP: BROOKSVILLE FL 34610-1308

TITLE: ☐ Delete  
 NAME: D KOULAN, THOMAS  
 STREET ADDRESS: 2020 CARSON AVE  
 CITY-ST-ZIP: SPRING HILL FL 34608

TITLE: ☐ Delete  
 NAME: P FOGARTY, JOHN F  
 STREET ADDRESS: 15149 WOODCREST ROAD  
 CITY-ST-ZIP: SPRING HILL FL 34609

TITLE: ☐ Delete  
 NAME: V TAMBURRO, LOUIS  
 STREET ADDRESS: 3177B CHARTER CLUB DR  
 CITY-ST-ZIP: TARPON SPRINGS FL 34689

TITLE: ☐ Delete  
 NAME: D THEODORE, HAROING  
 STREET ADDRESS: 1924 WHISPERING WAY  
 CITY-ST-ZIP: TARPON SPRINGS FL 34689

TITLE: ☐ Delete  
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☒ Change ☐ Addition  
 NAME: V CLAGALA ISADOR  
 STREET ADDRESS: 18724 FLORATION DR  
 CITY-ST-ZIP: BROOKSVILLE FL 34610

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

TITLE: ☒ Change ☐ Addition  
 NAME: TREASURER FOGARTY JOHN  
 STREET ADDRESS: 15149 WOODCREST  
 CITY-ST-ZIP: SPRING HILL FL 34609

TITLE: ☒ Change ☐ Addition  
 NAME: PRESIDENT TAMBURRO LOUIS  
 STREET ADDRESS: 3177B CHARTER CLUB DR  
 CITY-ST-ZIP: TARPON SPRINGS

TITLE: ☐ Change ☐ Addition  
 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.

IS NOT REQUIRED

4-22-02 7 722856 3957

CR2E037 (9/01)