## **2002 UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # N0100004337

1. Entity Name

THE VETERANS COUNCIL OF ST JOHNS COUNTY, FLORIDA

Principal Place of Business

Mailing Address

PO BOX 4192 ST AUGUSTINE FL 32085-4192 PO BOX 4192

ST AUGUSTINE FL 32085-4192

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2. Principal Place of Business 3. M.		3. Mailing Address	Mailing Address					
		Suite, Apt. #, etc.	Suite, Apt. #, etc. City & State		DO NOT WRITE IN THIS SPACE			
		City & State			1		pplied For	
Zip	Country	Zip	Country	5. Certificate of St.	atus Desired	\$8.75 Add		
<del></del>	6. Name and Address of Current	Registered Agent	1	7. Name and Add	ress of New Registered	Fee Require	مرد سال در DC	
3665 CRA	George Edwin Izy Horse Trail Stine Fl 32085-5313		Street Address (P.O. Box Nuratter is No. Cceptable)  City  FL Zip Code					
SIGNATURĖ	Signature, typic or printed name of registered agent a		E: Registered Agent signatur  mpaign Financing	\$5.00 May Be	SOME Make Chec	k Payable	to	
				7,0000 10 1 000		ent of State		
I <b>O.</b> TILE	OFFICERS AND DIR		11.	ADDITIONS/CHANGE	S TO OFFICERS AND D			
NAME Street adoress City-St-Zip	TAYLOR, GEORGE EDWIN	☐ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP			∐ Change	☐ Addition	
ITLE IAME TREET ADDRESS ITY-ST-ZIP	D QUINN, RAY A 1097 WINTERHAWK DR ST AUGUSTINE FL 32086	Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	en a melle til mannag men	the second second	Change	Addition	
ITLE IAME TREET ADDRESS ITY-ST-ZIP	D BESKIND, BOBERT 416 OCEAN DR ST AUGUSTINE FL 32084	Delete	NAME STREET ADDRESS CITY-ST-ZIP	George E. M 27 Harmosa 54. Angustaa	CONNT CONNT	Change	Addition	
ITLE IAME TREET ADDRESS ITY-ST-ZIP	PRENTISS, LEONARD A	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	Stopped A Top 5701 MEDOU St. Angust	MAN X	Linange	☐ Addition	
ITLE AME TREET ADDRESS ITY-ST-ZIP	TO TO TO THE PERSON	☐ Delete	TITLE NAME STREET ADDRESS	Edith Miloom 103 Segona	(  # 54,  FI 320.84	☐ Change		
TLE AME TREET ADDRESS TY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS	P. KENNETH 1 4070 COASTAL St. AUGUSTIN	NEWMAN Hwy E FL 320	□ Change	Addition ZZ	

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

CITY-ST-ZIP

**SIGNATURE:** 

Colonel G.E. Taylor 3665 Crazy Horse Trail 30 april 2001 797.7227

**FILED** 

May 28, 2002 8:00 am Secretary of State

05-28-2002 91527 029 \*\*\*\*61.25