2001 UNIFORM BUSINESS REPORT (UBR)

1/19/

FILED
Feb 09, 2001 8:00 am
Secretary of State
01-19-2001 90067 040 ****61.25

DOCUMENT # 701686

1. Entity Name

STUART V.F.W. POST #4194, INC.

Principal Place of Business	Mailing Address
2464 SE VETERENS AVE STUART FL 34994 US	2464 SE VETERENS AVE STUART FL 34994 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2464 VETERANS AVE	2464 VETERANS AVE.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-6162497 ☐ 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
WELCH, THOMAS L 173 SE PLACITA CT PORT SAINT LUCIE FL 34983	Name BRUCE D. HUDSON Street Address (P.O. Box Number is Not Acceptable) 5607 PALMETTO DR City FORT PIERCE FL Zip Code 34982-7447

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 Bruce D. Hudson BRUCE D. HUDSON COMMANDER 01-06-01
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	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	D WELCH, THOMAS L 173 SE PLACITA CT PORT SAINT LUCIE FL 34983	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	COMMANDER BRUCE D. HUDSON 5607 PALMETTO DR. FORT PIERCE FL. 34982-7447	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CAMPBELL, CHARLES D 718 ALAMANDA CIR STUART FL 34996	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SR VICE COMM. STEVEN F VAROLI 3133 BERRY AVE. PALM CITY FL. 34990	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T REASS JR, HENRY 6065 SE RIVERBOAT DR #827 STUART FL 34997	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TRUSTEE HENRY REASS JR. 6065 SE. RIVER BOAT DR # 827 STUART FL. 34997	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SHAW, WILLIAM 5177 SW ANHINGA AVE PALM CITY FL 34990	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TRUSTEE WILLIAM SHAW 5177 SW ANHINGA AVE PALM CITY FL. 34990	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	QUARTERMASTER SAM CONLEY 2587 SW. REILLEY AVE PALM CITY FL. 34990	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TRUSTEE SAM SIMON 3608 SW. SUNSET TRACE CIR PALM CITY FL 34990	☐ Change ☒ Addition

CR2E037 (10/00)

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: Bruce D. Hudson BRUCE D. HUDSON 1-06-01 561 220-0144
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #