2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2002 8:00 am
Secretary of State
03-05-2002 90072 035 ****61.25

DOCUMENT # 701686

1. Entity Name

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

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

DO NOT WRITE IN THIS SPACE

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 59-6162497 ☐ 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
BRUCE D. HUDSON 5607 PALMETTO DRIVE. FORT PIERCE FL 34982-+744	Name: William Shaw Street Address (P.O. Box Number Is Not Acceptable): 5177 SW ANHINGA Ave. City: Palm City, FL. FL Zip Code: 34990

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: William H Shaw D 2-6-02
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	C HUDSON, BRUCE D 5607 PALMETTO DRIVE. FORT PIERCE FL 34982-7447	☒ Delete	TITLE C D NAME STREET ADDRESS CITY-ST-ZIP	Shaw, William 5177 SW ANHINGA Ave Palm City, FL. 34990	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVC VAROLI, STEVEN F 3133 BERRY AVE. PALM CITY FL 34990	☒ Delete	TITLE SVC D NAME STREET ADDRESS CITY-ST-ZIP	CARDEN, Joseph JR 1945 S.W Palm City RD STUART FLA 34994	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T REASS JR, HENRY 6065 SE RIVERBOAT DR #827 STUART FL 34997	☒ Delete	TITLE OM D NAME STREET ADDRESS CITY-ST-ZIP	MANNIN, THOMAS F. 2117 SW Import DR Port St. Lucie, FL. 34953	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SHAW, WILLIAM 5177 SW ANHINGA AVE PALM CITY FL 34990	☐ Delete	TITLE T NAME STREET ADDRESS CITY-ST-ZIP	HAYES, DARRELL 1010 SW JERICHO AVE PORT ST LUCIE FL. 34953-7215	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	OM CONLEY, SAM 2587 SW. REILLEY AVE. PALM CITY FL 34990	☐ Delete	TITLE SVC NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SIMON, SAM 3606 SW SUNSET TRACE CIRCLE PALM CITY FL 34990	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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: [illegible] Mannin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #