

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 19, 2001 8:00 am  
Secretary of State

04-19-2001 90020 040 \*\*\*\*61.25

DOCUMENT # 704297

1. Entity Name

PINE HILLS POST 8152 VETERANS OF FOREIGN WARS OF

Principal Place of Business

4711 PINE HILL RD.  
POST OFFICE BOX 585233  
ORLANDO FL 32858-5233

Mailing Address

4711 PINE HILL RD.  
POST OFFICE BOX 585233  
ORLANDO FL 32858-5233

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

59-1005167

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

WASHBURN, ROBERT C.  
21751 CO RD 44A  
EUSTIS FL 32726

GRUBBS, TOM  
4623 TERESA RD  
ORLANDO, FL 32808

Name

TOM GRUBBS

Street Address (P.O. Box Number is Not Acceptable)

4623 TERESA RD

City

ORLANDO

FL

Zip Code

32808

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

TOM GRUBBS

Tom Grubbs

4/13/01

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 S  
NAME TOM GRUBBS, TOM  
STREET ADDRESS 4623 TERESA RD  
CITY-ST-ZIP ORLANDO FL ☐ Delete

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

TITLE D  
NAME JAMES, RICHARD  
STREET ADDRESS 4107 W. JEFFERSON ST.  
CITY-ST-ZIP ORLANDO FL ☐ Delete

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

TITLE D  
NAME STUART, GINN, STUART  
STREET ADDRESS 1853 POWERS DR  
CITY-ST-ZIP ORLANDO FL ☐ Delete

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

TITLE T  
NAME WASHBURN, ROBERT C.  
STREET ADDRESS 21751 CO RD 44A  
CITY-ST-ZIP EUSTIS FL ☒ Delete

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

TITLE D  
NAME YOUNG, WILLIAM  
STREET ADDRESS 2224 ASHLAND BLVD  
CITY-ST-ZIP ORLANDO FL ☐ Delete

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

TITLE D  
NAME CHASE, RICHARD  
STREET ADDRESS 1483 MAGELLAN CIR  
CITY-ST-ZIP ORLANDO FL 32818 ☐ Delete

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:

TOM GRUBBS

4/13/01

407-295-8870

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)