2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State
05-23-2002 90101 039 ****70.00

DOCUMENT # 708725

1. Entity Name

HOLIDAY ISLES POST NO. 4256 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.

Principal Place of Business	Mailing Address
HOLIDAY ISLE VFW POST 4256 12901 W. GULF BLVD. MADEIRA BEACH FL 33708	PO BOX 8595 MADEIRA BEACH FL 33738

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 59-6156233 ☐ 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
BURKETT, HERMAN D 11700 78TH AVENUE N APT 309-A SEMINOLE FL 33772	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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CMDR ~PRESIDENT BURKETT, HERMAN D 11700 78TH AVENUE N APT 309-A SEMINOLE FL 33772	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	QD SCOTT, CHARLES E 10265 ULMERTON RD LOT 116 LARGO FL 33771	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~QUARTERMASTER - DIRECTOR~~ ~~MORGAN, GEORGE~~ ~~6261 16TH AVE. S.~~ ~~GULFPORT, FL 33707~~	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AD KINNEY, THOMAS W SR 12901 GULF BLVD MADEIRA BEACH FL 33708	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	QUARTERMASTER - DIRECTOR LEROY G. LEWERENZ 8800 BLIND PASS ROAD, #5 ST. PETE BEACH, FL 33706	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JAD ZIMBEL, SEYMORE 1 KEY CAPRI, APT 110W TREASURE ISLAND FL 33706	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JUDGE ADVOCATE - DIRECTOR ROBERT B. MCKINLEY 14431 HILLVIEW DRIVE LARGO, FL 33774	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TRUSTEE - DIRECTOR STANLEY J. AZEVEDO 544 CRYSTAL DRIVE MADEIRA BEACH, FL 33708	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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: Charles E Scott CHARLES E, SCOTT 04-30-02 727-397-3767
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #