2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State
02-10-2003 90454 047 ****61.25

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

☐ CHECK HERE IF MAKING CHANGES

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

BURKETT, HERMAN D
11700 78TH AVENUE N APT 309-A
SEMINOLE FL 33772

7. Name and Address of New Registered Agent

Name ORNDOFF, James L.
Street Address (P.O. Box Number is Not Acceptable) 1250 OAKBROOK DR SW
City LARGO FL Zip Code 33770

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CMDR BURKETT, HERMAN D 11700 78TH AVENUE N APT 309-A SEMINOLE FL 33772	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition CMDR ORNDOFF, JAMES L. 1250 OAKBROOK DR SW LARGO FL 33770
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JAD MCKINLEY, ROBERT B 14431 HILLVIEW DRIVE LARGO FL 33774	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	OMD LEWERENZ, LEROY G 8800 BLIND PASS ROAD #5 SAINT PETERSBURG BEACH FL 33706	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition RYAN, EDWARD J 13000 GULF BLVD #406 MADEIRA BEACH FL 33708
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD AZEVEDO, STANLEY J 544 CRYSTAL DRIVE MADEIRA BEACH FL 33708	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/02)

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: SIGNATURE REQUIRED 2-18-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #