

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

FILED
Jan 28, 2003 8:00 am
Secretary of State

01-28-2003 90069 038 *****70.00

DOCUMENT # 710080

1. Entity Name

**WEST PALM BEACH POST 2007 BUILDING CORPORATION,
INC., VETERANS OF FOREIGN WAR**



Principal Place of Business

**1126 CLARE AVENUE
WEST PALM BEACH FLA 33401**

Mailing Address

**1126 CLARE AVENUE
WEST PALM BEACH FLA 33401**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-0979243**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GAYNOR, JOHN J
146 HAMPTON CIR
JUPITER FL 33458**

7. Name and Address of New Registered Agent

Name **BEALE, WILLIAM**

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

2011 NW 24TH ST LOT 436

City **BOYNTON BEACH FL**

Zip Code **33436**

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

Robert Graves
Signature, typed or printed name of registered agent and title if applicable.

ROBERT GRAVES Treasurer

DATE

1/24/03

(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

TITLE **PAT** ☐ Delete
NAME **SCHEBELL, ANTHONY**
STREET ADDRESS **5281 CHELAN COVE**
CITY-ST-ZIP **LAKE WORTH FL 33467**

TITLE **VPT** ☐ Delete
NAME **GRAVES, ROBERT**
STREET ADDRESS **15170 79TH TERRACE N.**
CITY-ST-ZIP **PALM BEACH FL-33418**

TITLE **ST** ☐ Delete
NAME **BEALE, WILLIAM**
STREET ADDRESS **2011 NW 24TH STREET, LOT 436**
CITY-ST-ZIP **BOYNTON BEACH FL 33436**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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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:

Robert Graves
ROBERT GRAVES Treasurer

1/24/03
561-478-2011

CR2E037 (10/02)