

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2001 8:00 am
Secretary of State

02-20-2001 90022 044 ****61.25

DOCUMENT # 715173

1. Entity Name

POST NO. 8193, VETERANS OF FOREIGN WARS OF THE U

Principal Place of Business

Mailing Address

U.F.W. POST 8193
 757 ALL-BABA AVENUE
 OPA LOCKA FL 33054

U.F.W. POST 8193
 757 ALL-BABA AVENUE
 OPA LOCKA FL 33054

30638

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6198620

Applied For

Not Applicable

Zip

Country

Zip

Country

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

KOSCHEN, EDWARD P.
 2841 N.W. 132ND TERRACE
 OPA LOCKA FL 33054

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

Edward P. Koschen P.M.
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

15 February 2001

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 ☒ **R** ☒ Delete
 NAME **MADDOX, BILLY RAY**
 STREET ADDRESS **17035 N.W. 17TH AVE.**
 CITY-ST-ZIP **MIAMI FL 33056**

TITLE ☒ **COMMANDER** ☒ Change ☐ Addition
 NAME **DYKES, JOSEPH L.**
 STREET ADDRESS **757 ALL-BABA AVE**
 CITY-ST-ZIP **OPA-LOCKA, FL 33054**

TITLE ☒ **P** ☐ Delete
 NAME **KOSCHEN, EDWARD P**
 STREET ADDRESS **2841 N.W. 132 TERRACE**
 CITY-ST-ZIP **OPA LOCKA FL 33054**

TITLE ☒ **T** ☐ Change ☒ Addition
 NAME **DON BUELL**
 STREET ADDRESS **76 N.W. 111TH ST**
 CITY-ST-ZIP **MIAMI, FL 33168-4132**

TITLE ☒ **T** ☐ Delete
 NAME **PULU, FRANK T**
 STREET ADDRESS **2960 N.W. 153RD TER**
 CITY-ST-ZIP **OPA-LOCKA FL 33054**

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

TITLE ☒ **D** ☒ Delete
 NAME **DEVNEY, RALPH E**
 STREET ADDRESS **4840 N.W. 170 STREET**
 CITY-ST-ZIP **OPA LOCKA FL 33054**

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

TITLE ☐ ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)