

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 721087

1. Entity Name

VETERANS OF FOREIGN WARS POST NO. 4143, INC.

FILED

Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90307 042 ****61.25

802109



DO NOT WRITE IN THIS SPACE

Principal Place of Business
2404 BROADWAY
RIVIERA BEACH FL 33404-4533

Mailing Address
2404 BROADWAY
RIVIERA BEACH FL 33404-4533

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6162494

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

HESS, DUANE C
20 ALLEN ST
RIVIERA BCH FL 33404

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 D
NAME WYGANT, WILLIAM D.
STREET ADDRESS 815 N. 'C' STREET
CITY-ST-ZIP LAKE WORTH FL 33460
☒ Delete

TITLE D
NAME LARSON, TERRY
STREET ADDRESS 422 57TH ST
CITY-ST-ZIP WEST PALM BEACH, FL 33407
☒ Change ☐ Addition

TITLE D
NAME JACQUES, WILLIAM E.
STREET ADDRESS 743 WEST ILEX
CITY-ST-ZIP LAKE PARK FL
☐ Delete

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

TITLE T
NAME BROWN, HENRY
STREET ADDRESS 5711 BRIERWOOD AVE
CITY-ST-ZIP W PALM BCH FL 33407
☐ Delete

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

TITLE T
NAME WHITE, HARRISON A.
STREET ADDRESS 4325 BELLEWOOD ST.
CITY-ST-ZIP PALM BEACH GARDENS FL
☐ Delete

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

TITLE D
NAME HESS, DUANE C
STREET ADDRESS 20 ALLEN ST
CITY-ST-ZIP RIVIERA BCH FL
☐ Delete

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

TITLE T
NAME GROSE, DUANE
STREET ADDRESS 354 GREGORY RD
CITY-ST-ZIP W PALM BCH FL
☐ Delete

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

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: *Terry Larson*
TERRY LARSON, COMMANDER

JANUARY 6, 2000

Date

Daytime Phone #

CR2E037 (9/99)