

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90217 007 ****61.25

DOCUMENT # 721087

1. Entity Name

VETERANS OF FOREIGN WARS POST NO. 4143, INC.

903594



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

**2404 BROADWAY
 RIVIERA BEACH FL 33404-4533**

**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 **LARRY B. KING SR.**

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

333 W 15th Street

City

RIVIERA BEACH

FL

Zip Code

33404-6107

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)

01-14-01

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 ☒ Delete
 NAME **D LARSON, TERRY**
 STREET ADDRESS **422 57TH ST**
 CITY-ST-ZIP **WEST PALM BEACH FL 33407**

TITLE ☒ Change ☐ Addition
 NAME **JIMMY WALKER**
 STREET ADDRESS **141 Sandpiper Ave.**
 CITY-ST-ZIP **ROYAL PALM, FL 33411**

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

TITLE ☒ Change ☐ Addition
 NAME **ROBERT D. HODGES**
 STREET ADDRESS **817 Ave. S RIVIERA BEACH FL33404**
 CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition
 NAME **TERRY LARSON**
 STREET ADDRESS **422 57th Street**
 CITY-ST-ZIP **RIVIERA BEACH FL 33407**

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

TITLE ☒ Change ☐ Addition
 NAME **DUANE GROSE**
 STREET ADDRESS **354 Gregory RD**
 CITY-ST-ZIP **WEST PALM BEACH FL**

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

TITLE ☒ Change ☐ Addition
 NAME **DUANE HESS**
 STREET ADDRESS **2404 Broadway**
 CITY-ST-ZIP **RIVIERA BEACH FL 33404**

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

TITLE ☒ Change ☐ Addition
 NAME **LARRY B. KING SR.**
 STREET ADDRESS **331 W 15th Street**
 CITY-ST-ZIP **RIVIERA BEACH FL 33404-6107**

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

01-14-01 561-844-5718

Date

Daytime Phone #

CR2E037 (10/00)