

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90912 031 \*\*\*\*61.25

0066524

**DOCUMENT # 722485**

1. Entity Name

**MAURICE K. LANGBERG POST NO. 10066, VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.**

Principal Place of Business

Mailing Address

1805 N.E. SAVANNAH ROAD  
 PO BOX 311  
 JENSEN BEACH FL 34958-0311

1805 N.E. SAVANNAH ROAD  
 PO BOX 311  
 JENSEN BEACH FL 34958-0311



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

**59-1493093**

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

Name

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

City

**FL**

Zip Code

**TILTON, C.N.**  
**113 N. INDIAN RIVER DRIVE**  
**JENSEN BEACH FL 34957**

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 **CD**  Delete  
 NAME **PARKER, GAYLON C**  
 STREET ADDRESS **1572 NE 22ND ST**  
 CITY-ST-ZIP **JENSEN BEACH FL 34957**

TITLE **CCD**  Change  Addition  
 NAME **HAMMOND, CHARLES T.**  
 STREET ADDRESS **404 NE JADE CIR.**  
 CITY-ST-ZIP **JENSEN BEACH, FL. 34957**

TITLE **SVD**  Delete  
 NAME **ANSARA, N. RONALD**  
 STREET ADDRESS **2402 SE BORDEAUX CT**  
 CITY-ST-ZIP **PORT SAINT LUCIE FL 34952**

TITLE **SVD**  Change  Addition  
 NAME **RILEY, ARTHUR E.**  
 STREET ADDRESS **1401 NE CHARDON ST**  
 CITY-ST-ZIP **JENSEN BEACH, FL. 34957**

TITLE **JVD**  Delete  
 NAME **JOYCE, CHARLES T**  
 STREET ADDRESS **3470 NE BARBARA DR**  
 CITY-ST-ZIP **JENSEN BEACH FL 34957**

TITLE **JVD**  Change  Addition  
 NAME **SHEVLIN, FRANCIS A.**  
 STREET ADDRESS **1225 nw 21st. st. apt 1611**  
 CITY-ST-ZIP **STUART, FL. 23994**

TITLE **TT**  Delete  
 NAME **RILEY, ARTHUR E**  
 STREET ADDRESS **1401 NE CHARDON ST**  
 CITY-ST-ZIP **JENSEN BEACH FL 34957**

TITLE **TT**  Change  Addition  
 NAME **ANSARA, N. RONALD**  
 STREET ADDRESS **2402 SE BORDEAUX CT.**  
 CITY-ST-ZIP **PORT ST. LUCIE, FL. 34952**

TITLE **JAD**  Delete  
 NAME **SCHRAMM, LAWRENCE J**  
 STREET ADDRESS **1600 NE DIXIE HWY 2-10**  
 CITY-ST-ZIP **JENSEN BEACH FL 34957**

TITLE **JAD**  Change  Addition  
 NAME **BROWN, BEVERLY A.**  
 STREET ADDRESS **1730 NE SENECA AVE.**  
 CITY-ST-ZIP **STUART, FL. 34994**

TITLE **QMD**  Delete  
 NAME **POND, ALFRED B**  
 STREET ADDRESS **817 ST. LUCIE CRESCENT**  
 CITY-ST-ZIP **STUART FL 34994**

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:** *Alfred B. Pond* **REQUIRE**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ALFRED B. POND (QUARTERMASTER)**

**3-24-02**

Date

Daytime Phone #

CR2E037 (9/01)