

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 26, 2000 8:00 am**  
**Secretary of State**

05-26-2000 90111 031 \*\*\*\*70.00

**DOCUMENT # 724893**

1. Entity Name

**DELTONA POST 10096 VETERANS OF FOREIGN WARS OF T**

Principal Place of Business

Mailing Address

MEETING PLACE BLUE SPRINGS ROAD  
 ORANGE CITY FL 32763  
 US

896 SAXON BLVD  
 DELTONA FL 32725-7646  
 US

100041



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

23-7115052

Applied For

Not Applicable

Zip

Country

Zip

Country

32725

Volusia

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

MCFADDEN, THOMAS J  
 1217 BUCCANEER AVE  
 DELTONA FL 32725

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
CD	CANTRELL, C	519 KINGS CASTLE DRIVE	ORANGE CITY FL 32763	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
SVPD	GEARINO, JOHN	2041 NORMANDY BLVD	DELTONA FL 32725	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
AD	MCFADDEN, T.J.	1217 BUCCANEER AVE	DELTONA FL 32725	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VP	ZELLINGER, JOHN	2359 MONTANA ST	DELTONA FL 32738	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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/Registered*

Thomas J. McFadden

407-860-1720

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)