

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 8:00 am
Secretary of State

03-12-2001 90466 012 *****61.25

DOCUMENT # 724893			
1. Entity Name DELTONA POST 10096 VETERANS OF FOREIGN WARS OF T			
Principal Place of Business MEETING PLACE BLUE SPRINGS ROAD ORANGE CITY FL 32763 US		Mailing Address 1217 BUCCANEER AVE DELTONA FL 32725 US	
2. Principal Place of Business		3. Mailing Address P.O. Box # 5472	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State DELTONA, FL.	
Zip		Zip 32725	
Country		Country INDONESIA	
4. FEI Number 23-7115052		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCFADDEN, THOMAS J 1217 BUCCANEER AVE DELTONA FL 32725		7. Name and Address of New Registered Agent Name JOHN G. ZIARNIK Street Address (P.O. Box Number is Not Acceptable) 942 N. UNION CIR. City DELTONA FL Zip Code 32725	
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 <i>John G. Ziarnik</i>		DATE 3/12/01	
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	CD CANTRELL, C 519 KINGS CASTLE DRIVE ORANGE CITY FL 32763 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	COMMANDER JOHN GARINO 2041 NORMANDY BLVD. D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPO GEARINO, JOHN 2041 NORMANDY BLVD DELTONA FL 32725 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SR. V.C. JOHN ZELLINGER 2359 MONTANA ST. T DELTONA, FL. 32725 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AD MCFADDEN, T.J. 1217 BUCCANEER AVE DELTONA FL 32725 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	QUARTER MASTER JOHN G. ZIARNIK 942 N. UNION CIR. T DELTONA, FL. 32725 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ZELLINGER, JOHN 2359 MONTANA ST DELTONA FL 32738 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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: <i>John G. Ziarnik</i>		DATE: 3/12/01 (904) 789-2258	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E037 (10/00)