# NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Mar 10, 2005 8:00 am**
**Secretary of State**
03-10-2005 90129 003 ****70.00

DOCUMENT # 726980

1. Entity Name
VETERANS OF FOREIGN WARS

40029348

**DO NOT WRITE IN THIS SPACE**

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| VETERANS OF FOREIGN WARS | P.O. Box 3140 |
| Suite, Apt. #, etc.: 5000 Lillian Hwy | Suite, Apt. #, etc.: |
| City & State: Pensacola, FL 32506 | City & State: Pensacola, FL 32516 |
| Zip: 32506 Country: Escambia | Zip: 32516 Country: Escambia |

4. FEI Number: 59-0598443-0001 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name: Spiegel & Utrera, P.A.

Street Address (P.O. Box Number is Not Acceptable): 1840 Coral Way, 4th Floor

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Robert F. Scott — Signature, typed or printed name of registered agent and title if applicable.
Robert F. Scott
7560 Long Meadow Ln Pensacola, FL 32506 (NOTE: Registered Agent signature required when reinstating)
January ___, 2005 DATE

**FEE IS $61.25**
**Initial or Amended UBR**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

| | | | |
|---|---|---|---|
| TITLE | Com | TITLE | |
| NAME | Robert F. Scott | NAME | |
| STREET ADDRESS | 7560 Long Meadow Lane | STREET ADDRESS | |
| CITY-ST-ZIP | Pensacola, FL 32506 | CITY-ST-ZIP | |
| TITLE | HC | TITLE | |
| NAME | William G. Jacobson | NAME | |
| STREET ADDRESS | 2645 Tinosa Cir | STREET ADDRESS | |
| CITY-ST-ZIP | Pensacola, FL 32526 | CITY-ST-ZIP | |
| TITLE | JVC | TITLE | |
| NAME | Henry C. Hughes | NAME | |
| STREET ADDRESS | 202 Aster St | STREET ADDRESS | |
| CITY-ST-ZIP | Pensacola, FL 32507 | CITY-ST-ZIP | **DO NOT WRITE** |
| TITLE | QM | TITLE | |
| NAME | Karl S. Jordan | NAME | **IN THIS SPACE** |
| STREET ADDRESS | 4041 E. Olive Rd é425 | STREET ADDRESS | |
| CITY-ST-ZIP | Pensacola, FL 32514 | CITY-ST-ZIP | |
| TITLE | Cust | TITLE | |
| NAME | John E. Pritchard | NAME | |
| STREET ADDRESS | 407 Seamarge Ln | STREET ADDRESS | |
| CITY-ST-ZIP | Pensacola, FL 32507 | CITY-ST-ZIP | |
| TITLE | Trus | TITLE | |
| NAME | Elbert E. Jermyn, Jr. | NAME | |
| STREET ADDRESS | 8405 Williamsburg Cir | STREET ADDRESS | |
| CITY-ST-ZIP | Pensacola, FL 32514 | CITY-ST-ZIP | |

CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

**SIGNATURE:** Robert F. Scott — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
2-21-05 Date
850-455-7844 Daytime Phone #