

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 727082

1. Entity Name

SEBASTIAN RIVER AREA POST NO. 10210 VETERANS OF

Principal Place of Business

815 LOUISIANA AVE.
SEBASTIAN FL 32958

Mailing Address

815 LOUISIANA AVE.
SEBASTIAN FL 32958-4111

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-7140679

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LYNCH, RAY
316 PINEAPPLE ST
815 LOUISIANA AVE.
SEBASTIAN FL 32958

7. Name and Address of New Registered Agent

Name

JAMES BRUSSEL

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

815 LOUISIANA AVE

City

SEBASTIAN

FL

Zip Code

32958

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 JAMES BRUSSEL QUARTER MASTER

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-7-00

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

TITLE ☐ Delete

NAME
CD
RIVERA, RUBEN
STREET ADDRESS
815 LOUISIANA AVE
CITY-ST-ZIP
SEBASTIAN FL

TITLE ☒ Delete

NAME
SVCD
SOLOMON, LEONARD
STREET ADDRESS
815 LOUISIANA AVE
CITY-ST-ZIP
SEBASTIAN FL

TITLE ☒ Delete

NAME
JVCD
RAYMOND, HARLAN
STREET ADDRESS
815 LOUISIANA AVE
CITY-ST-ZIP
SEBASTIAN FL

TITLE ☒ Delete

NAME
QMD
LYNCH, RAY
STREET ADDRESS
815 LOUISIANA AV
CITY-ST-ZIP
SEBASTIAN FL

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME
SVCD
MARY YOUNG
STREET ADDRESS
815 LOUISIANA AVE
CITY-ST-ZIP
SEBASTIAN, FL

TITLE ☒ Change ☐ Addition

NAME
JVCD
THOMAS BERDETTE
STREET ADDRESS
815 LOUISIANA AVE
CITY-ST-ZIP
SEBASTIAN, FL

TITLE ☒ Change ☐ Addition

NAME
QMD
JAMES BRUSSEL
STREET ADDRESS
815 LOUISIANA AVE
CITY-ST-ZIP
SEBASTIAN, FL

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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:

JAMES BRUSSEL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-7-00

Date

561-589-3405

Daytime Phone #

CR2E037 (9/99)