

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 20, 2002 8:00 am
Secretary of State

08-20-2002 90125 039 ****70.00

DOCUMENT # 727082

1. Entity Name

**SEBASTIAN RIVER AREA POST NO. 10210 VETERANS OF
FOREIGN WARS OF THE UNITED STATES, INC.**

Principal Place of Business

Mailing Address

**815 LOUISIANA AVE.
SEBASTIAN FL 32958**

**815 LOUISIANA AVE.
SEBASTIAN FL 32958**

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

7. Name and Address of New Registered Agent

**BRUSSELL, JAMES
815 LOUISIANA AVE
SEBASTIAN FL 32958**

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

SIGNATURE BRUSSELL JAMES

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

(NOTE: Registered Agent signature required when reinstating)

DATE 8/17/02

**After September 13, 2002,
min. will be \$236.25.**

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 **SVCD** ☒ Delete
NAME **RIVERA, RUBEN**
STREET ADDRESS **815 LOUISIANA AVE**
CITY-ST-ZIP **SEBASTIAN FL**

TITLE **CD** ☒ Change ☐ Addition
NAME **DON BURGESS**
STREET ADDRESS **815 LOUISIANA AVE**
CITY-ST-ZIP **SEBASTIAN FL. 32958**

TITLE **CD** ☒ Delete
NAME **YOUNG, MARY**
STREET ADDRESS **815 LOUISIANA AVE**
CITY-ST-ZIP **SEBASTIAN FL**

TITLE **SVCD** ☒ Change ☐ Addition
NAME **GARY P. MILLER**
STREET ADDRESS **815 LOUISIANA AVE**
CITY-ST-ZIP **SEBASTIAN, FL. 32958**

TITLE **QMD** ☐ Delete
NAME **BRUSSELL, JAMES**
STREET ADDRESS **815 LOUISIANA AV**
CITY-ST-ZIP **SEBASTIAN FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **JVCD** ☒ Delete
NAME **WILLIAMS, NERMAN R**
STREET ADDRESS **815 LOUISIANA AVE**
CITY-ST-ZIP **SEBASTIAN FL 32908**

TITLE **JVCD** ☒ Change ☐ Addition
NAME **WARREN DAVIS**
STREET ADDRESS **815 LOUISIANA AVE**
CITY-ST-ZIP **SEBASTIAN, FL-32958**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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: BRUSSELL JAMES

DATE 8-17-02

CR2E037 (4/02)