2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 727082

1. Entity Name

SERASTIAN RIVER AREA POST NO. 10210 VETERANS OF

FUREIGN 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.				

FILED Aug 20, 2002 8:00 am Secretary of State 08-20-2002 90125 039 ****70.00

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Principal Plac	ce of Business	Mailing Address		··········			
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					 	011 21371 6101)
2. Principal F	Place of Business	3. Mailing Address					
Suite, Apt	t. #, etc.	Suite, Apt. #, et	ic.		DO NOT WRITE IN THIS SPA	CE	
City & Sta	ite	City & State		4. FEt Number	23-7140679		plied For t Applicable
Zip	Country	Zip	Country	5. Certificate of		.75 Add Required	
	6. Name and Address of Curren	t Registered Agent		7. Name and Ad	Idress of New Registered Age	ent	
			Na	ame			
BRUSSELL, JAMES		St	Street Address (P.O. Box Number is Not Acceptable)				
	SIANA AVE AN FL 32958						
OLDAGIE	HALL OFFICE		Ci	y	FL	Zip Code)
	e named entity submits this statement t	or the purpose of chang	jing its registered of	fice or registered agent, or both, i	n the State of Florida. I am fam	iliar with, a	and accept
the obliga	ations of registered agent.			0 1			
SIGNATURE	BAUSSEL TAMES		A	The Kangel	8/17/	/ : z_	
0.0.1	Signature, typed or printed name of registered ager	nt and title if applicable.	(NOTE: Registered Ager	t signature required when reinstating)	øATE /		
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	After September 13, 2002, min. will be \$236.25.	l l	on Campaign Finand Fund Contribution.	sing \$5.00 May Be Added to Fees	Make Check Po Department		0
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Interest sering that the information supplied with this filling does not quality 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:

8-17-02