


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

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90324 001 ****61.25

DOCUMENT # 730129 ✓	
1. Entity Name North Fort Myers Post No. 10127 Veterans of Foreign Wars of the United States, Inc.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 996 Pondella Road	3. Mailing Address 996 Pondella Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State North Fort Myers fl	City & State north fort myers fl	4. FEI Number 23-7013119	Applied For <input type="checkbox"/> Not Applicable
Zip 33903	Country	Zip 33903	Country

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 William Schaeffer	
	Street Address (P.O. Box Number is Not Acceptable)	
	996 pondella road	
	City North Fprt Myers	Zip Code FL 33903

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 William Schaeffer **WILLIAM SCHAEFFER** **QUARTER MASTER 4/28/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS \$61.25 Initial or Amended UBR	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Commander PDC William Polverari 996 Pondella Road North Fort Myers fl 33903	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	sr. vice Commander VD william Parker 996 Pondella Road North Fort Myers FL 33903	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jr. Vice Commander VD Ernest Braithwaite 996 Pondella Road North Fort Myers FL 33903	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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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: William P. Polverari **4-28-03** **239995 0230**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/02)