

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 732317

1. Entity Name

PALMA SOLA POST NO. 10141 VETERANS OF FOREIGN WA
RS OF THE UNITED STATES, INC.

Principal Place of Business

420 67TH STREET. W.
BRADENTON FL 34209

Mailing Address

420 67TH STREET. W.
BRADENTON FL 34209

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-6552199

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHEDENECK, FRED W
420 67TH STREET W.
BRADENTON FL 34209

7. Name and Address of New Registered Agent

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.

SIGNATURE

Fred W Schedeneck

1/10/02

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

(NOTE: Registered Agent signature required when reinstating)

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	Q	☐ Delete
NAME	SCHEDENECK, FRED W	
STREET ADDRESS	420 67TH STREET W.	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE	CD	☐ Delete
NAME	MOSER, JOSEPH	
STREET ADDRESS	420 67TH ST W	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE	VD	☐ Delete
NAME	GLEASON, WILLIAM T	
STREET ADDRESS	420 67TH ST W	
CITY-ST-ZIP	BRADENTON FL	
TITLE	VD	☐ Delete
NAME	RUSSELL, WILLIAM	
STREET ADDRESS	420 67TH ST W	
CITY-ST-ZIP	BRADENTON 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	VD	☒ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CD	☒ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/02 941-794-6394

Date

Daytime Phone #

CR2E037 (9/01)

FILED
Jan 27, 2002 8:00 am
Secretary of State

01-27-2002 90114 048 ****61.25



DO NOT WRITE IN THIS SPACE