2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED
02 OCT 25 AM 11:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08-26-2002 90055 043 ****61.25
733300

DOCUMENT # 733300

1. Entity Name

WEST PUTNAM POST NO. 10164 VETERANS OF FOREIGN W ARS OF THE UNITED STATES, INC.

Principal Place of Business	Mailing Address
1034 HWY 20 INTERLACHEN FL 32148 US	1034 HWY 20 INTERLACHEN FL 32148 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
SAME	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: INTERLACHEN	City & State
Zip / Country	Zip / Country

4. FEI Number 59-6569997 ☐ 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
CRAWFORD, THOMAS L 1034 HWY 20 INTERLACHEN FL 32148	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 Thomas L. Crawford Thomas L. CRAWFORD 8-15-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	VPS MILLER, ALUPR R 202 MAY LANE INTERLACHEN FL 32148	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	COMMANDER DAVID RYE 201 KITTYAUG INTERLACHEN FL 32148	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SHAUL, THOMAS R PO BOX 100 INTERLACHEN FL 32149	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPS LD CARLOS TORRES POBOX 1072 INTERLACHEN FL	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T RONDELL, EDWARD P 219 SLEEPY HOLLOW DR INTERLACHEN FL 32148	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	QM CRAWFORD, THOMAS L 1034 HWY 30 INTERLACHEN FL 32148	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/D GAGNE, VICTOR J RT 3, BOX 534 INTERLACHEN FL 32148	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/D PIEHLER, JIMMY L 103 APACHE AVENUE INTERLACHEN FL 32148	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (4/02)

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 Thomas L. Crawford SIGNATURE REQUIRED 8-15-02 386-684-9534