

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90190 002 ****61.25

DOCUMENT # 733300

1. Entity Name

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



Principal Place of Business

**1034 HWY 20
INTERLACHEN FL 32148
US**

Mailing Address

**1034 HWY 20
INTERLACHEN FL 32148
US**

90010343



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-6569997**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **C** ☐ Delete
NAME **RYE, DAVID**
STREET ADDRESS **201 KITTYAUE**
CITY-ST-ZIP **INTERLACHEN FL 32148**

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

TITLE **UPSD** ☐ Delete
NAME **TORRES, CARLOS**
STREET ADDRESS **PO BOX 1072**
CITY-ST-ZIP **INTERLACHEN FL**

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

TITLE **QM** ☐ Delete
NAME **CRAWFORD, THOMAS L**
STREET ADDRESS **1034 HWY 30**
CITY-ST-ZIP **INTERLACHEN FL 32148**

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

TITLE **TD** ☐ Delete
NAME **GAGNE, VICTOR J**
STREET ADDRESS **RT 3, BOX 534**
CITY-ST-ZIP **INTERLACHEN FL 32148**

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

TITLE **TD** ☐ Delete
NAME **PIEHLER, JIMMY L**
STREET ADDRESS **103 APACHE AVENUE**
CITY-ST-ZIP **INTERLACHEN FL 32148**

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 *Thomas L Crawford*

1-23-03

386-684-0839

CR2E037 (10/02)