

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90152 009 ****61.25

DOCUMENT # 733870

1. Entity Name

TOMMY G. FOSTER - POST NO. 4590, VETERANS OF FOR

Principal Place of Business

Mailing Address

3709 E. ST. RD 92
 PLANT CITY FL 33566
 US

VFW POST 4590 THOMAS G. FOSTER
 POST OFFICE BOX 1557
 PLANT CITY FL 33564-1557
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-6209820

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

POGUE, JAMES E
1111 NO PARK RD
PLANT CITY FL 33566

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 *James E Pogue*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-23-2000

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	MOLITOR, EDWARD J	
STREET ADDRESS	806 W. OAKLAND HGTS AVE	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	SVCD	<input type="checkbox"/> Delete
NAME	JOHNSON, JOHN	
STREET ADDRESS	1101 N. CLARK STREET	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MERRITT, GREGORY	
STREET ADDRESS	203 EUNICE DR	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	JCD	<input type="checkbox"/> Delete
NAME	BURT, LAURA W	
STREET ADDRESS	2210 THONOSASSA RD	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBINSON, RALPH	
STREET ADDRESS	108 W. CASON STREET	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	POGUE, JAMES E	
STREET ADDRESS	1111 N. PARK RD.	
CITY-ST-ZIP	PLANT CITY FL	

TITLE	COMMANDER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOSEBEE HAYES W.	
STREET ADDRESS	702 CHARLIE TAYLOR RD	
CITY-ST-ZIP	PLANT CITY, FL 33566	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *James E Pogue* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/2000

DATE

Daytime Phone #

CR2E037 (9/99)