## **2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 741032** 1. Entity Name KISSIMMEE MEMORIAL POST NO 4225 VETERANS OF FORE

## FILED Mar 19, 2001 8:00 am Secretary of State

| CITY-ST-ZIP KISSIMMEE FL  DTQ  NAME FREELIN, DANIEL F STREET ADDRESS 1613 E. COLONY AVE CITY-ST-ZIP KISSIMMEE FL  CITY-ST-ZIP KISSIMMEE FL  DOM Delete  TITLE SD STREET ADDRESS 504 SO. RANDOLPH AVE KISSIMMEEM FL  CITY-ST-ZIP KISSIMMEEM FL  Delete  TITLE SVD DUTTER, LYNN STREET ADDRESS CITY-ST-ZIP KISSIMMEE FL  Delete  TITLE SVD DUTTER, LYNN STREET ADDRESS CITY-ST-ZIP KISSIMMEE FL  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP KISSIMMEE FL  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP KISSIMMEE FL  CITY-ST-ZIP Change Addition Addition Change Addition Addition Change Addition  | MOONVIII                                    | HEL MEMORIAL FOOT NO 1                               |                                  |                          |  | 03-19-2001 90488 (                        | 105 ****/(          | ).00            |
|---|---|--|----------------------------------|--------------------------|--|---|---------------------|-----------------|
| Application of Figure 1 (1974)   Signification of Business   Surface April (1974)   Surface of Business   Surface April (1974)   Surface Application of Figure 1 (1974)   Surface April (1974)   Surface Application of Figure 1 (1974)   Surface Applicat            | Principal Place of Business Mailing Address |  |                                  |                          |  |   |                     |                 |
| Suite. Apt. #, inc.    City & State   City & Ci            |   |  |                                  |                          |  |   |                     |                 |
| Suite. Apt. #, inc.    City & State   City & Ci            | O Defendant D                               | No. of Design  | D. Mailine Adalance              |                          |  |   |                     |                 |
| City & Statio  City & Statio  City & Statio  City & Statio  Country  Sp. Certificate of Status Desired  The Recognition  The Recognition  Note Country  Sp. Certificate of Status Desired  Not Acceptable)  The Not Acceptable)  The Sp. Certificate of Status Desired  Sp. Certificate of Status Desired  The Recognition  The Not Acceptable of Country  The Not Acceptable of C            | z. Principal P                              | lace of Business                                     | 3. Mailing Address               |                          |  | 1817 B1881 (1815 B9198 H1918 H194 B1841 B | 1011 01011 01011 01 | /BII BIBEI 1881 |
| Tipe   Country   Zip   Country   Sp. Contrict   S              | Suite, Apt. #, etc. Suite, Apt. #, etc.     |  |                                  |                          |  | DO NOT WRITE IN THIS SPACE                |                     |                 |
| S. Name and Address of Current Registered Agent:    Seauch Case   Fee Required               | City & Stat                                 | е  | City & State                     |                          | 4. FEI Numbe                                       | 4. FEI Number 59-1696392                  |                     |                 |
| Signature  FILE NOW: FEE IS \$61.25  OFFICERS AND DIRECTORS  TIRE NOW: FEE IS \$61.25  OFFICERS AND DIRECTORS IN 10  OFFICERS AND DIRECTO | Zip   | Country  | Zip                              | Country                  | 5. Certificate                                     | of Status Desired                         |                     |                 |
| SITE Address (P.O. Box Number is Not Acceptable)  TITE ADDITIONS/CHARGES B.  112 BROADWAY KISSIMMEE FL 32741  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  TITLE NOW: FEE IS \$61.25  TUSH FIND Conflicters AND DIRECTORS  11. ADDITIONS/CHARGES TO OFFICERS AND DIRECTORS IN 10  PEEL IS \$61.25  TITLE NOW: FEE IS \$61.25  TITLE NOW: FEE IS \$61.25  TO OFFICERS AND DIRECTORS  11. ADDITIONS/CHARGES TO OFFICERS AND DIRECTORS IN 10  PAGE HOLLOW DELICE  TITLE NOW: STREET ADDRESS  TO STREET ADDRESS  TITLE NOW: FREE III, ADDITIONS/CHARGES TO OFFICERS AND DIRECTORS IN 10  CARL HALLOW DELICE  TITLE NOW: FREE III, ADDITIONS/CHARGES TO OFFICERS AND DIRECTORS IN 10  CARL HALLOW DELICE  TITLE NOW: FREE III, ADDITIONS/CHARGES TO OFFICERS AND DIRECTORS IN 10  CARL HALLOW DELICE  TITLE NOW: FREE III, ADDITIONS/CHARGES TO OFFICERS AND DIRECTORS IN 10  CARL HALLOW DELICE  TITLE NOW: FREE ADDRESS  TO STREET ADDRE        |   | 6. Name and Address of Current                       | Registered Agent:                | -,                       | 7 Name and   | Address of New Registered                 |                     |                 |
| IT IZ BROADWAY KISSIMMEE FL 32741  City FL Zip Code  8. The above named enerty submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.  SIGNATURE    FILE NOW:  |   | <del>*</del>   |                                  | Name                     |  |   |                     |                 |
| R. The above named entity submits this statement for the purpose of changing its registered algorit, or both, in the state of Florida.  SIGNATURE    Signature   S            |   |  |                                  |                          | Street Address (P.O. Box Number is Not Acceptable) |   |                     |                 |
| 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    SIGNATURE     SIGNATURE     SIGNATURE     SIGNATURE     SIGNATURE     SIGNATURE     SIGNATURE     SIGNATURE     SIGNATURE     SIGNATURE     SIGNATURE     SIGNATURE     SIGNATURE     SIGNATURE     SIGNATURE     SIGNATURE     SIGNATURE             |   |  |                                  |                          | ·····  |   |                     |                 |
| SIGNATURE    FILE NOW: FEE IS \$61.25   |   |  |                                  | City                     |  | Fl  | - Zip Coa           | e               |
| FILE NOW: FEE IS \$61.25  9. Election Campaign Financing Trust Fund Contribution.  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  11. ADDITIONS/CHANGES TO OFFICERS AND D           | 8. The above                                | named entity submits this statement for              | r the purpose of changing its    | registered office        | or registered agent, or bot                        | h, in the state of Florida.               |                     | ļ               |
| FILE NOW: FEE IS \$61.25  9. Election Campaign Financing Trust Fund Contribution.  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  11. ADDITIONS/CHANGES TO OFFICERS AND D           |   |  |                                  |                          |  |   |                     | ĺ               |
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| Trust Fund Contribution.   Added to Fees   Department of State    10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10    TITLE   DP  |   | Signature, typed or printed name of registered agent | and title if applicable. (NOTE   | :: Hegistereb Agent sign | ature required when reinstating)                   | DATE                                      |                     |                 |
| Trust Fund Contribution.   Added to Fees   Department of State    10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10    TITLE   DP  |   | FILE NOW:  | 9. Election Campaign             | Financing                | \$5 00 May Bo                                      | Make Check                                | Pavable to          | ,               |
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|   |   | entify that the information cumplied with            | this filing dose not qualify for |                          | ated in Section 119 07/3V                          | i) Florida Statutos I further co          | rtify that the i    | nformation      |

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.