

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

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90031 034 ****61.25

DOCUMENT # 741032

1. Entity Name

**KISSIMMEE MEMORIAL POST NO 4225 VETERANS OF FORE
IGN WARS OF THE UNITED STATES, INC.**



Principal Place of Business

**504 S. RANDOLPH STREET
KISSIMMEE FL 34741-6173**

Mailing Address

**504 S. RANDOLPH STREET
KISSIMMEE FL 34741-6173**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1696392**

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

**TIFFANNY, CHARLES B.
112 BROADWAY
KISSIMMEE FL 32741**

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 **PD** ☒ Delete
NAME **UTTER, LYNN D**
STREET ADDRESS **4759 WARRIOR LANE**
CITY-ST-ZIP **KISSIMMEE FL 34746**

TITLE **P.D DAVIDSON, ROBERT** ☒ Change ☐ Addition
NAME **DAVIDSON, ROBERT**
STREET ADDRESS **2340 VIRGINIA DRIVE**
CITY-ST-ZIP **KISSIMMEE, FL 34741**

TITLE **QTD** ☒ Delete
NAME **FORD, DAN L**
STREET ADDRESS **92 UNIVERSAL DRIVE**
CITY-ST-ZIP **KISSIMMEE FL 34746**

TITLE **QTD** ☒ Change ☐ Addition
NAME **KELLY, LESLIE B JR**
STREET ADDRESS **1704 PLEASANT HILL ROAD**
CITY-ST-ZIP **KISSIMMEE, FL 34746**

TITLE **SD** ☒ Delete
NAME **HUGHES, BERNARD T**
STREET ADDRESS **2325 HAM BROWN RD**
CITY-ST-ZIP **KISSIMMEE FL 34746**

TITLE **SD** ☒ Change ☐ Addition
NAME **MOWERY, WILLIAM J**
STREET ADDRESS **1629 MARK STREET**
CITY-ST-ZIP **KISSIMMEE, FL 34746**

TITLE **SVD** ☒ Delete
NAME **ATHERTON, KENNETH C**
STREET ADDRESS **2627 W BEAUMONT AVENUE**
CITY-ST-ZIP **KISSIMMEE FL 34741**

TITLE **SVD** ☒ Change ☐ Addition
NAME **PAGAN, TBMA S**
STREET ADDRESS **2168 SANTA CRUZ DRIVE**
CITY-ST-ZIP **KISSIMMEE, FL 34746**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Robert W. Davidson **4 JAN 03** **407-847-7855**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)