2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 09, 2001 8:00 am
Secretary of State
03-09-2001 90014 019 ****61.25

DOCUMENT # 742716

1. Entity Name

FRANK B. HUDDLESTON POST NO. 81, INC.

Principal Place of Business	Mailing Address
2909 S. HARBOR CITY BLVD. MELBOURNE FL 32901	2909 S. HARBOR CITY BLVD. MELBOURNE FL 32901-7213 US

DO NOT WRITE IN THIS SPACE

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 59-6153174 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PETERS, EDWARD R
1360 BRIDGEWATER DR
MELBOURNE FL 32934

7. Name and Address of New Registered Agent

Name Peters Edward R
Street Address (P.O. Box Number is Not Acceptable) 2909 S Harbor City Blvd.
City Melbourne FL Zip Code 32901

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 Edward Peters Edward R. Peters President
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 Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P PETERS, EDWARDS R 1360 BRIDGE WATER DR MELBOURNE FL 32934	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HOSELY, FRANK 2240 WOOD ST MELBOURNE FL 32904	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCADAMS, WILLIAM 2206 COUNTRY CLUB RD MELBOURNE FL 32901	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BLOSE, ALTON H 1700 BOTTLEBRUSH DR. #106 PALM BAY FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MURPHY, TIMOTHY O BOX 1417 MELB, ST 32902 585 SANTO DOMINGO AVE SIHA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MARTIN, WILLIAM 904 WAVECREST AVE A-3 INDIALANTIC FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V ☒ Change ☐ Addition

CR2E037 (10/00)

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: Frank Hosley SIGNATURE REQUIRED Frank E. Hosley (321) 123-2939
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #