2002 UNIFORM BUSINESS REPORT (UBR) Mar 13, $200\overline{2}$ 8:00 am $\frac{3}{5}$ **DOCUMENT # 742716 Secretary of State** 1. Entity Name FRANK B. HUDDLESTON POST NO. 81, INC. 03-13-2002 90047 007 ****61.25 Principal Place of Business Mailing Address 2909 S. HARBOR CITY BLVD. 2909 S. HARBOR CITY BLVD. MELBOURNE FL 32901 MELBOURNE FL 32901-7213 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-6153174 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent PETERS, EDWARD R 2909 S HARBOR CITY BLVD MELBOURNE FL 32901 8. The above named entity submits this statement in the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Pavable to FILE NOW: FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. McCarthy, Pierce J. Sr. Change 2000 Woodlake Dr. NE Apt 101 TITI F TITLE (9/01) PETERS, EDWARDS R NAME NAME 1360 BRIDGE WATER DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MELBOURNE FL 32934** CITY-ST-ZIP TITI F Delete TITLE Change Addition HOSELY, FRANK NAME NAME 2240 WOOD ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MELBOURNE FL 32904** CITY-ST-ZIP TITLE . Delete 👡 🗕 ___ Change _ _ Addition MCADAMS, WILLIAM NAME NAME 2206 COUNTRY CLUB RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MELBOURNE FL 32901 CITY-ST-ZIP TITLE Yeauger, Edward No. 3154 Tangelo Dr NE Blu Baye 1 Change | Change TITLE BLOSE, ALTON H NAME NAME STREET ADDRESS 1700 BOTTLEBRUSH DR. #106 STREET ADDRESS CITY-ST-ZIP PALM BAY FL CITY-ST-ZIP TITLE TITLE Mahan Craig MURPHY, TIMOTHY O NAME NAME STREET ADDRESS BOX 1417 MELB, ST 32902 STREET ADDRESS CITY-ST-7IP 585 SANTO DOMINGO AVE SIHA CITY-ST-ZIP EST MELBOURNE FL 32904

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

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

Delete

SIGNATURE:

MARTIN, WILLIAM

INDIALANTIC FL

904 WAVECREST AVE A-3

TITLE

NAME

STREET ADDRESS

City-St-7IP

27Feb02

erating, Joseph C. Change

1924 Sago Palm Dr NE