FILED

## **2000 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # <b>747309</b> 1. Enlity Name					Jan 19, 2000 8:00 am Secretary of State			
VETERA	NS OF FOREIGN WARS OF 1	THE UNITED STATES	IN	,	01-19-2000 90085			
Principal Place of Business Mailing Address								
18940 DRAYTON ST SHADY HILLS FL 34610 US		18940 DRAYTON ST SHADY HILLS FL 34610-7010 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		4. FEI Numbe	Der			
Zip	Country	Zip	Country -	5. Certificate	of Status Desired	\$8.75 Add	ditional	
	6. Name and Address of Current	Registered Agent	<del></del>	7. Name and	Address of New Registere		<u>-</u>	
BALCH, ROBERT J 17740 NORMANDEAU ST BROOKSVILLE FL 34610				Name James Dee Street Address (P.O. Box Number is Not Acceptable)  2012 White wood  City Spring Hill FL 34609				
FILE NOW:  FEE IS \$61.25  Signature, typed or printed name of registered agent and title if applicable.  (NOTE:  9. Election Campaign I  Trust Fund Contribut			Financing	\$5.00 May Be Added to Fees	Make Check Departmen		<u> </u>	
10.	OFFICERS AND DIF	ECTORS	11,	ADDITIONS/CHA	NGES TO OFFICERS AND I	DIRECTORS IN	10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WOODS, ROBERT A 17834 DRAYTON ST. SPRING HILL FL 34610	☐ Delete	OUTS OF TIP	COMMANDER JAMES DES 26(2 White	word -	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PLATT, GEORGE J. 14541 TODO TRAIL SPRING HILL FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Species its	pheny se.  If FL 34618  well pe	Change	☐ Addition	
TITLE NAME . STREET ADDRESS CITY-ST-ZIP	VD SPORIK, JOHN 18143 WINDING OAKS BLVD SPRING HILL FL 34667	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ja. Vice Conde John Sock 17204 DAN Speing Hill	well sville pa FL 34610	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD  CIAGALA, ISADOR  18724 FLORALON DR  SPRING HILL FL 34610	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Rulph 8042 T. Spring HI	inderson Bu imberlake Bu U FZ 34600	☐ Enange	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
indicated of the cor	certify that the information supplied with con this report or supplemental report is poration or the receiver or trustee empo or on an attachment with an address, w	true and accurate and that m wered to execute this report a	y signature shall ha	ve the same legal effect	as if made under oath; that	am an officer of	or director	