

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2002 8:00 am
Secretary of State

03-31-2002 90353 049 ****61.25

DOCUMENT # 749266

1. Entity Name

FLAGLER COUNTY POST NO. 5213, VETERANS OF FOREIGN WARS OF THE UNITED STATES

Principal Place of Business

Mailing Address

PO BOX 2075
 BUNNELL FL 32110

PO BOX 2075
 BUNNELL FL 32110

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-6162521**

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

WRIGHT, ROBERT-HOWARD, M.D.
14 ZODIAC PLACE
PO BOX 2348
BUNNELL FL 32110

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.

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
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	BARZELOGNA, ROBT	
STREET ADDRESS	RT. 1 BOX 1468	
CITY-ST-ZIP	BUNNELL FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	SHAW, JAMES F.	
STREET ADDRESS	370 LAMBERT AVE.	
CITY-ST-ZIP	FLAGLER BCH. FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WRIGHT, ROBERT HOWARD	
STREET ADDRESS	BOX 2348 N/A	
CITY-ST-ZIP	BUNNELL FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SHEEHAN, JAMES F	
STREET ADDRESS	1802 N. CENTRAL AVE.	
CITY-ST-ZIP	FLAGLER BCH. FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GREEN, VIRGIL	
STREET ADDRESS	151 BREN MAR LANE	
CITY-ST-ZIP	PALM COAST FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	WRIGHT, JAMES H.	
STREET ADDRESS	112 BREN MAR LANE	
CITY-ST-ZIP	PALM COAST FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1- -2002 437-3622

CP2E037 (9/01)