FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

## Feb 19, 2001 8:00 am **DOCUMENT # 750488 Secretary of State** 1. Entity Name 02-19-2001 90041 033 \*\*\*\*61.25 DICKINSON-TOMPKINS POST 2380 VETERANS OF FOREIGN Principal Place of Business Mailing Address P O BOX 142 510 S ALABAMA AVE. 718018 P.O. BOX 142 DELAND FL 32721 **DELAND FL 32724-5944** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 23-7140046 Not Applicable 7in Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent لوادان يدارحن والأصفح وكبرير الدالديسيد Street Address (P.O. Box Number is Not Acceptable) FENDT, FRED W 112 WEST NEW YORK AVE DELAND FL 32720 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. 9. Election Campaign Financing Make Check Pavable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS TITLE ☐ Delete TITLE ☐ Addition HODGES, JACK NAME NAME STREET ADDRESS P O BOX 3334 STREET ADDRESS CITY-ST-ZIP CiTY-ST-7IP DELAND FL 32721 TITLE ☐ Delete TITLE ☐ Change ☐ Addition BRANCHE, LA NAME NAME STREET ADDRESS 600 N BOUNDRY AVE APT 107B STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DELAND FL 32720. Delete TITLE ☐ Change Addition SCHMELZLE, RAYMOND NAME NAME 200 1/2 OLD DAYTONA RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DELAND FL 32724 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition JYFOR, FRANK NAME NAME 328 RAIN TREE CIR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DELAND FL 32724 TITLE ☐ Change noitibhA . ☐ Delete TITLE ROBERT, DENTON NAME : NAME STREET ADDRESS 4625 RIDMARK AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DE LEON SPRINGS FL 32130 TITLE ☐ Delete TITLE Addition ☐ Change MADIGAN, EDWARD NAME NAME 1036 LARKFIELD DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DELAND FL 32724 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