

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 06, 2002 8:00 am
Secretary of State

02-06-2002 90074 034 ****61.25

DOCUMENT # 751574

1. Entity Name

ASTOR POST NO. 9986 VETERANS OF FOREIGN WARS OF
THE UNITED STATES, INC.

Principal Place of Business

Mailing Address

55620 VETIRANS DR.
P O BOX 141
ASTOR FL 32102

55620 VETIRANS DR.
P O BOX 141
ASTOR FL 32102

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

59-1696883

Applied For

Not Applicable

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

GONZALES, DAVID
56310 RED BUD ROAD
P.O. BOX 127
ASTOR FL 32102

Name

Hutchinson, Anthony

Street Address (P.O. Box Number is Not Acceptable)

1690 River Road

City

Astor, FL.

FL

Zip Code

32102

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

Anthony Hutchinson
Postmaster

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 CD ☐ Delete
NAME HACKWORTH, ERNEST SR
STREET ADDRESS P O BOX 1175
CITY-ST-ZIP UMATILLA FL 32784

TITLE CD ☒ Change ☐ Addition
NAME BLAKE, GARY
STREET ADDRESS P O BOX 141
CITY-ST-ZIP ASTOR, FL. 32102

TITLE SVCT ☐ Delete
NAME BLAKE, GARY
STREET ADDRESS P O BOX 141
CITY-ST-ZIP ASTOR FL 32102

TITLE SVCT ☒ Change ☐ Addition
NAME Metrano, Ron
STREET ADDRESS 1675 S. Moon Rd.
CITY-ST-ZIP Astor FL. 32102

TITLE T ☐ Delete
NAME JAMIESON, EARL
STREET ADDRESS 1392 SPRING GARDEN ROAD
CITY-ST-ZIP DE LEON SPRINGS FL 32130

TITLE T ☒ Change ☐ Addition
NAME Pollitz, Ted
STREET ADDRESS 518 Dorothy Ave
CITY-ST-ZIP Holly Hill, FL 32106

TITLE T ☐ Delete
NAME GONZALES, DAVID
STREET ADDRESS P.O. BOX 127 56310 RED BUD ROAD
CITY-ST-ZIP ASTOR FL 32102

TITLE AM ☒ Change ☐ Addition
NAME Hutchinson, Anthony
STREET ADDRESS 1690 River Road
CITY-ST-ZIP Astor, FL 32102

TITLE AM ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Anthony Hutchinson
Postmaster

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)