

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 754221

1. Entity Name

ORMOND BEACH POST 4319 VETERANS OF FOREIGN WARS

**FILED**  
**Mar 07, 2000 8:00 am**  
**Secretary of State**

03-07-2000 90082 028 \*\*\*\*61.25

Principal Place of Business

Mailing Address

~~GASTON PLACE~~ **6 ASTON CIRCLE**  
ORMOND BEACH FL 32176-3124  
US

P O BOX 5073  
ORMOND BEACH FL 32175-5073  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7256646

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

DOUGLESS, PAUL J  
~~GASTON CIR~~ **6 ASTON CIRCLE**  
ORMOND BCH FL 13174

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S	<input type="checkbox"/> Delete
NAME	WHALEN, CHARLES F	
STREET ADDRESS	126 HILDALE AVE	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KAURELIS, CHARLES	
STREET ADDRESS	154 SALVADOR PL	
CITY-ST-ZIP	ORMOND BCH FL 32174	
TITLE	D	<input type="checkbox"/> Delete
NAME	SULLIVAN, TIMOTHY D	
STREET ADDRESS	17 KATHY DR	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HULSMAN, JOHN H	
STREET ADDRESS	1209 N BEACH ST	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	GAVIN, PATRICK	
STREET ADDRESS	32 PLAZA DR	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	OT	<input type="checkbox"/> Delete
NAME	DOUGLESS, PAUL J	
STREET ADDRESS	<del>GASTON CIR</del> <b>6 ASTON CIRCLE</b>	
CITY-ST-ZIP	ORMOND BEACH FL 32174	

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	
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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: *Paul J. Dougless*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-3-2000 904-671-9885

CR2E037 (9/99)