

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 754221

1. Entity Name

ORMOND BEACH POST 4319 VETERANS OF FOREIGN WARS  
OF THE UNITED STATES, INC.

Principal Place of Business

Mailing Address

204 STANDISH DRIVE  
ORMOND BEACH FL 32176-3124  
US

P O BOX 5073  
ORMOND BEACH FL 32175  
US

2. Principal Place of Business

3. Mailing Address

Box 5073 O.B. Fl. 32174

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-7256646

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

GOATER, HARRY C  
204 STANDISH DR  
ORMOND BEACH FL 32176

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  
NAME WHALEN, CHARLES F ☒ Delete  
STREET ADDRESS 126 HILDALE AVE  
CITY-ST-ZIP ORMOND BEACH FL

TITLE Su, Vice Commander ☒ Change ☐ Addition  
NAME ? Running Bear Path  
STREET ADDRESS Ormond Beach, Fl. 32174  
CITY-ST-ZIP

TITLE JVC  
NAME CELONA, NICHOLAS L ☐ Delete  
STREET ADDRESS 120 LYNHURST DRIVE  
CITY-ST-ZIP ORMOND BEACH FL 32176

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

TITLE D  
NAME SULLIVAN, TIMOTHY D ☐ Delete  
STREET ADDRESS 17 KATHY DR  
CITY-ST-ZIP ORMOND BEACH FL

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

TITLE D  
NAME HULSMAN, JOHN H ☐ Delete  
STREET ADDRESS 1209 N BEACH ST  
CITY-ST-ZIP ORMOND BEACH FL

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

TITLE P  
NAME GAVIN, PATRICK ☐ Delete  
STREET ADDRESS 32 PLAZA DR  
CITY-ST-ZIP ORMOND BEACH FL

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

TITLE OT  
NAME GOATER, HARRY C ☐ Delete  
STREET ADDRESS 204 STANDISH DR  
CITY-ST-ZIP ORMOND BEACH FL 32176

TITLE  
NAME ☐ Change ☐ Addition  
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 #

FILED  
May 02, 2002 8:00 am  
Secretary of State

05-02-2002 90149 044 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)