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2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 04, 2002 8:00 am
Secretary of State

06-11-2002 90394 035 ****61.25

DOCUMENT # 756032

1. Entity Name

HOLLYWOOD-BY-THE-SEA POST NO. 2500 VETERANS OF F
 OREIGN WARS OF THE UNITED STATES, INC.

Principal Place of Business

814 SOUTH DIXIE HIGHWAY
 HOLLYWOOD FL 33020

Mailing Address

814 SOUTH DIXIE HIGHWAY
 HOLLYWOOD FL 33020

DEPARTMENT OF STATE

01030

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-0704137

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MARCHECK, JOHN W.
 3318 TAFT ST
 HOLLYWOOD FL 33321

7. Name and Address of New Registered Agent

Name JOHN CAHILL
 Street Address (P.O. Box Number is Not Acceptable)
VFW POST 2500
814 S. DIXIE HWY.
 City HOLLYWOOD, FL Zip Code 33020

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 JOHN CAHILL, QUARTERMASTER
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

6-1-02

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	DC	<input type="checkbox"/> Delete
NAME	ERNEST R SANDMAN	
STREET ADDRESS	2519 SHERMAN ST	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	SDG	<input type="checkbox"/> Delete
NAME	JOHN T DILLON	
STREET ADDRESS	2200 MONROE ST #3	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	O'NEILL, JOSEPH	
STREET ADDRESS	416 SE 11TH TERRACE	
CITY-ST-ZIP	DANIA FL 33004	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	QUARTERMASTER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN CAHILL	
STREET ADDRESS	814 S. DIXIE HWY	
CITY-ST-ZIP	HOLLYWOOD, FL, 33020	
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		

CR2E037 (9/01)

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:

JOHN CAHILL
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6-1-02

574-224-0861