

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2001 8:00 am**  
**Secretary of State**

01-13-2001 90001 016 \*\*\*\*61.25

**DOCUMENT # 759486**

1. Entity Name

**N. J. DORCH POST NO. 10085, VETERANS OF FOREIGN**

Principal Place of Business

HIGHWAY 279 N  
 VERNON FL 32462  
 US

Mailing Address

P.O. BOX 602  
 VERNON FL 32462  
 US

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

59-2215479  
 23-7089924

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MICHAELS, GLEN D  
 434 WISTERIA LN  
 CHIPLEY FL 32428

7. Name and Address of New Registered Agent

Name MICHAELS, GLEN D,  
 Street Address (P.O. Box Number is Not Acceptable)  
 645 3RD ST  
 City CHIPLEY FL Zip Code 32428-1445

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

*Glen D Michaels*

01-06-01

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

TITLE	P	<input type="checkbox"/> Delete
NAME	GLEN D. MICHAELS	
STREET ADDRESS	434 WISTERIA LANE	
CITY-ST-ZIP	CHIPLEY FL 32428	
TITLE	VP	<input type="checkbox"/> Delete
NAME	JAMES A. TAYLOR	
STREET ADDRESS	3448 ROSE LANE	
CITY-ST-ZIP	VERNON FL 32462	
TITLE	T	<input type="checkbox"/> Delete
NAME	FRED JOHNSON	
STREET ADDRESS	3821 SHELL LANDING RD.	
CITY-ST-ZIP	VERNON FL 32462	
TITLE	T	<input type="checkbox"/> Delete
NAME	VICTOR GRIGOSA	
STREET ADDRESS	209 SUNNY HILLS	
CITY-ST-ZIP	CHIPLEY FL 32428	
TITLE	T	<input type="checkbox"/> Delete
NAME	CASPER, JAMES E	
STREET ADDRESS	708 NO 7TH ST	
CITY-ST-ZIP	CHIPLEY FL 32428	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	645 3RD ST
CITY-ST-ZIP	CHIPLEY FL 32428-1445
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	
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:

*Glen D Michaels*

Date

Daytime Phone #

01-06-01 850-638-2111

CR2E037 (10/00)