

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 763254

1. Entity Name

BARTOW POST NO. 2405, VETERANS OF FOREIGN WARS O

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90037 023 ****61.25

Principal Place of Business

510 W/ VINE ST.
BARTOW FL 33830

Mailing Address

510 W/ VINE ST.
BARTOW FL 33830-5441

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6155206

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

SELLERS, JAMES B.
755 W. MCLEOD
BARTOW FL 33830

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
NAME
STREET ADDRESS
CITY-ST-ZIP
DCQD
SELLERS, JAMES B.
755 W. MCLEOD
BARTOW FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
DUNAWAY, DUANE A.
1825 CAROLINA AVE
BARTOW FL 33830 ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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FORD, ANDREW, L
1805 CAROLINA AVE
BARTOW FL ☐ Delete

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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:

JAMES B. SELLERS (JAMES B. SELLERS) QUARTMASTER 1-19-2000 863-533-6267

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #