

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2002 8:00 am
Secretary of State
 05-30-2002 91605 048 ****61.25

DOCUMENT # 765165

1. Entity Name

HERNANDO BEACH, POST NO. 9236, VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.

Principal Place of Business

Mailing Address

**3435 SHOAL LINE BLVD.
 SPRINGHILL FL 34607-0440**

**3435 SHOAL LINE BLVD.
 SPRINGHILL FL 34607-0440**

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

59-2224347

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

**MAGLIDT, IRVIN W
 4491 FLOUNDER
 SPRINGHILL FL 34607**

Name

MICHAEL V. GANGAROSSA

Street Address (P.O. Box Number is Not Acceptable)

5512 PINEHURST DRIVE

SPRING HILL FL

City

FL

Zip Code

34606-8334

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

Michael V. Gangarossa

5/27/02

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 | QM MANNING, ROBERT 11491 JANET AVE SPRING HILL FL 34608 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ANDERSON, FRANK 3391 FISH DRIVE SPRING HILL FL 34607 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T LAWRENCE, ALFRED T 8114 SPANISH OAK DR SPRING HILL FL 34606 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | A DOKOUPIL, ROBERT 8389 COLMA STREET SPRING HILL FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ALAIMO, JOSEPH M 214 CALLAWAY SPRING HILL FL | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T GOODEYON, LOYD 1540 BOLGER AVE SPRING HILL FL 34609 | <input checked="" type="checkbox"/> Delete |

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | QM JOHN KEPNER 14511 RIALTO AVE BROOKSVILLE FL 34613 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CMR MICHAEL V. GANGAROSSA 5512 PINEHURST DRIVE SPRING HILL, FL 34606-8334 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ADD. JOHN HANONBERG 14126 RIALTO AVE BROOKSVILLE, FL 34613 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D 710 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PEARL BARETT 8961 HIGHPOINT DR BROOKSVILLE, FL 34613 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TRICHARD PINSMA 3191 ROSE ARBOR DR, SPRING HILL, FL 34607 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

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:

Michael V. Gangarossa

5/27/02 352 682-1215

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #