

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 766150

1. Entity Name

CARL F. FLETCHER POST NO. 4945, VETERANS OF FORE

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90158 026 ****61.25

Principal Place of Business OF FOREIGN WARS OF THE UNITED STATES. INC. 231 EAST LAKE AVENUE AUBURDALE FL 33823	Mailing Address OF FOREIGN WARS OF THE UNITED STATES. INC. 231 EAST LAKE AVENUE AUBURDALE FL 33823-3454
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number 59-6162519	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

~~CORBITT, RALPH L~~
 409 ANDERSON DRIVE
 AUBURDALE FL 33823

7. Name and Address of New Registered Agent

Name **BRUCE E. ROBINSON**
 Street Address (P.O. Box Number is Not Acceptable)
130 YOUNG PLACE
 City **LAKELAND** FL Zip Code **33803**

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 *Bruce E. Robinson* **BRUCE E. ROBINSON Commander** DATE **03-21-00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY-ST-ZIP	CD ROBINSON, BRUCE E. 130 YOUNG PLACE LAKELAND FL 33801 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	QD CORBITT, RALPH L 409 ANDERSON DRIVE AUBURDALE FL 33823 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD CORBITT, RALPH L 409 ANDERSON DRIVE WINTER HAVEN FL 33823 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVC CORTS, ALTON B 606 ASH STREET AUBURDALE FL 33823 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD TROTTER, MORRIS 2250 HIGHWAY 92ND WEST WINTER HAVEN FL 33881 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	QD CORTS, ALTON B. 606 ASH STREET AUBURDALE FL 33823 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD CORTS, ALTON B. 606 ASH STREET AUBURDALE FL 33823 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JVC JOHN E. ADDIS 538 AMESON AV. AUBURDALE FL 33823 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Bruce E. Robinson* **BRUCE E. ROBINSON** DATE **03-21-00** (863) 539-5019
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (9/99)