

2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
May 23, 2001 8:00 am
Secretary of State

04-30-2001 90082 033 ****61.25

DOCUMENT # 766150
 1. Entity Name
CARL F. FLETCHER POST NO. 4945, VETERANS OF FORE

Principal Place of Business VFW OF THE UNITED STATES, INC. 231 EAST LAKE AVENUE AUBURNDALE FL 33823	Mailing Address VFW OF THE UNITED STATES, INC. 231 EAST LAKE AVENUE AUBURNDALE FL 33823
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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
Zip	Country

4. FEI Number 59-6162519	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
ROBINSON, BRUCE
130 YOUNG PLACE
LAKELAND FL 33803

7. Name and Address of New Registered Agent
 Name **CORTS, ALTON B**
 Street Address (P.O. Box Number is Not Acceptable)
606 ASH ST.
 City **AUBURNDALE** FL Zip Code **33823**

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 *Alton B. Corts* (NOTE: Registered Agent signature required when reinstating) DATE **4-23-01**

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD ROBINSON, BRUCE F 130 YOUNG PLACE LAKELAND FL 33801	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD CORTS, ALTON B 606 ASH ST AUBURNDALE FL 33823	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD CORTS, ALTON B 606 ASH STREET AUBURNDALE FL 33823	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JVC GADDIS, JOHN 538 AMESON AVE AUBURNDALE FL 33823	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input 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	COMMANDER CORTS, ALTON B 606 ASH ST. AUBURNDALE FL 33823	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	QUARTERMASTER GADDIS, JOHNNIE L 538 AMESON AVE. AUBURNDALE FL 33823	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SENIOR VICE COMMANDER SIP, MIKE 921 N. LAKE OTIS DR SE, WINTER HAVEN 33880	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUSTEE 1YR EARL KING (T) 1146-B MCCAMPBELL RD. AUBURNDALE FL 33823	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUSTEE 2YR FRED DICKERSON (T) 406 VIA DE SOL DAVENPORT FL 33837-6625	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUSTEE 3YR AL MARTIN (T) 203 LIVE OAK LN DAVENPORT FL 33837	<input type="checkbox"/> Change <input checked="" 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)(f), 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: *Alton B. Corts* **REQUIRED** DATE **4-23-01**

CR2E037 (10/00)