

**DOCUMENT # 766939**

1. Entity Name

**LEON COUNTY VETERANS OF FOREIGN WARS OF THE UNIT****FILED**  
**Jan 12, 2000 8:00 am**  
**Secretary of State**

01-12-2000 90057 048 \*\*\*\*61.25

Principal Place of Business

Mailing Address

2765 1/2 W. TENN. ST.

PO BOX 3902

TALLAHASSEE FL 32304

PO BOX 3902

TALLAHASSEE FL 32315-3902

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

59-6138286

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE



## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

KAMINSKI, EDWARD J

3057 LAREDO DRIVE

TALLAHASSEE FL 32311

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	VCD	<input checked="" type="checkbox"/> Delete
NAME	HADSALL, LAWRENCE	
STREET ADDRESS	6108 CRAWFORDVILLE HWY #105	
CITY-ST-ZIP	TALLAHASSEE FL	

TITLE	VCD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Richard Cheek	
STREET ADDRESS	128 Westridge Drive	
CITY-ST-ZIP	Tallahassee FL 32308	

TITLE	VCD	<input checked="" type="checkbox"/> Delete
NAME	ROY, LEON J IV	
STREET ADDRESS	4125 HENIARD DR Y	
CITY-ST-ZIP	TALLAHASSEE FL 32303	

TITLE	CD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Arnold Gruning	
STREET ADDRESS	5667 Cypress Circle	
CITY-ST-ZIP	Tallahassee FL 32303	

TITLE	D	<input type="checkbox"/> Delete
NAME	UTTAN, TERRY	
STREET ADDRESS	1529 MAYLAN ST	
CITY-ST-ZIP	TALLAHASSEE FL 32304	

TITLE	Utter, Terry	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Utter, Terry	
STREET ADDRESS	1529 Mayhew Street	
CITY-ST-ZIP	Tallahassee FL 32304-1469	

TITLE		<input type="checkbox"/> Delete
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"/> Delete
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"/> Delete
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/5/2000

Daytime Phone #

850 575 4226

CP2E037 (9/99)