

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 766939**

1. Entity Name

**LEON COUNTY VETERANS OF FOREIGN WARS OF THE UNIT****FILED**  
**Apr 07, 2001 8:00 am**  
**Secretary of State**

03-22-2001 90035 042 \*\*\*\*61.25

Principal Place of Business

2765 1/2 W. TENN. ST.  
TALLAHASSEE FL 32304

Mailing Address

PO BOX 3902  
TALLAHASSEE FL 32315

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

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

Arnold Gruning

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

5667 Cypress Circle

City

Tallahassee

FL

Zip Code

32303

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

TITLE	VCD	<input checked="" type="checkbox"/> Delete
NAME	CHEEK, RICHARD	
STREET ADDRESS	128 WESTRIDGE DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	GRUNING, ARNOLD	
STREET ADDRESS	5667 CYPRESS CIRCLE	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	UTTAN, TERRY	<input checked="" type="checkbox"/> Delete
NAME	1529 MAYLAN ST	
STREET ADDRESS	TALLAHASSEE FL 32304	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VCD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Farris, CJ	
STREET ADDRESS	712 Pointe Ct	
CITY-ST-ZIP	Tallahassee FL 32308	
TITLE	CDR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Russell, Clayton	
STREET ADDRESS	3908 Pound Drive	
CITY-ST-ZIP	Tallahassee FL 32308	
TITLE	Q,M	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Roy IV, Leon	
STREET ADDRESS	3925 Henriard Drive	
CITY-ST-ZIP	Tallahassee FL 32303	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> 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 and all other like empowered.

SIGNATURE:

Leon Roy IV, Quartermaster

1/26/2001

850 575 3308

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)