

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90154 035 \*\*\*\*61.25

**DOCUMENT # 770789**

1. Entity Name

**BYRD - WALLACE POST NO. 4351 VETERANS OF FOREIGN**

Principal Place of Business

**4613 AMELIA RD  
 FERNANDINA BEACH FL 32034-0432  
 US**

Mailing Address

**PO BOX 15432  
 FERNANDINA BEACH FL 32035-3108  
 US**

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 **59-6165452**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

**80003416**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MONEY, WILLIAM G  
 1261 FOREST DR  
 FERNINDINA BEACH FL 32034**

Name

**WILLIAM C. BURK**

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

**2144 SAPELO CT**

City

**FERNANDINA BEACH FL**

FL

Zip Code

**32034**

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

**WILLIAM C. BURK, COMMANDER (PRESIDENT)**

**1/11/00**

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	<b>PD</b> <b>MONEY, WILLIAM G</b> <b>1261 FOREST DR</b> <b>FERNANDINA BEACH FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>BEAMER, G. PATRICK</b> <b>2413 1ST AVENUE, BOX 804-V4</b> <b>FERNANDINA BEACH FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>BURK, WILLIAM, C.</b> <b>2144 SAPELO CT</b> <b>FERNANDINA BEACH FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>GOODE, EUGENE F</b> <b>RT 1 BOX 2030 LESSIE RD</b> <b>HILLIARD FL 32046</b>	<input 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>BURK, WILLIAM C</b> <b>2144 SAPELO CT</b> <b>FERNANDINA BEACH FL 32034</b>	<input type="checkbox"/> Change <input checked="" 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	<b>VD</b> <b>SHAW, RICHARD A.</b> <b>2642 SETTLEMENT DR</b> <b>JACKSONVILLE FL 32226</b>	<input type="checkbox"/> Change <input checked="" 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
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: **G. PATRICK BEAMER**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**11JAN00 (904) 261-6416**

CR2E037 (9/99)