

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 19, 2001 8:00 am**  
**Secretary of State**

000653E

**DOCUMENT # 770789**

1. Entity Name

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

01-19-2001 90016 029 \*\*\*\*61.25

Principal Place of Business <b>4613 AMELIA RD FERNANDINA BEACH FL 32034-0432 US</b>	Mailing Address <b>PO BOX 15432 FERNANDINA BEACH FL 32035-3108 US</b>
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**00004444**



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	Zip	Country

4. FEI Number <b>59-6165452</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**  
**BURK, WILLIAM C**  
**2144 SAPELO CT**  
**FERNINDINA BEACH FL 32034**

**7. Name and Address of New Registered Agent**  
 Name **RICHARD A SHAW**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2642 SETTLEMENT DR**  
 City **JACKSONVILLE FL FL** Zip Code **32226**

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 *Richard A. Shaw* **RICHARD A SHAW, COMMANDER (PRESIDENT)** **8 JAN01**  
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 <b>PD</b>	<b>BURK, WILLIAM C</b> <input checked="" type="checkbox"/> Delete STREET ADDRESS <b>2144 SAPELO CT</b> CITY-ST-ZIP <b>FERNANDINA BEACH FL 32034</b>
TITLE <b>TD</b>	<b>BEAMER, G. PATRICK</b> <input type="checkbox"/> Delete STREET ADDRESS <b>2413 1ST AVENUE, BOX 804-V4</b> CITY-ST-ZIP <b>FERNANDINA BEACH FL</b>
TITLE <b>VD</b>	<b>SHAW, RICHARD A</b> <input checked="" type="checkbox"/> Delete STREET ADDRESS <b>2642 SETTLEMENT DR</b> CITY-ST-ZIP <b>JACKSONVILLE FL 32226</b>
TITLE <b>SD</b>	<b>GOODE, EUGENE F</b> <input checked="" type="checkbox"/> Delete STREET ADDRESS <b>RT 1 BOX 2030 LESSIE RD</b> CITY-ST-ZIP <b>HILLIARD FL 32046</b>
TITLE <b> </b>	<input type="checkbox"/> Delete
TITLE <b> </b>	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <b>PD</b>	<b>SHAW, RICHARD A</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS <b>2642 SETTLEMENT DR</b> CITY-ST-ZIP <b>JACKSONVILLE FL 32226</b>
TITLE <b> </b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>VD</b>	<b>MONEY, WILLIAM G</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS <b>1261 FORREST DR</b> CITY-ST-ZIP <b>FERNANDINA BEACH FL 32034</b>
TITLE <b>SD</b>	<b>PRINCE, CLIFFORD E, JR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS <b>2605 BENZ PL</b> CITY-ST-ZIP <b>FERNANDINA BEACH FL 32034</b>
TITLE <b> </b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b> </b>	<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* **G. PATRICK BEAMER** **8 JAN01** **(904) 261-6416**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)