

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 821857**

1. Entity Name

**MILITARY ORDER OF THE PURPLE HEART SERVICE FOUND****FILED**  
**Feb 28, 2001 8:00 am**  
**Secretary of State**

02-28-2001 90064 011 \*\*\*\*70.00

Principal Place of Business Mailing Address  
7008 LITTLE RIVER TURNPIKE P.O. BOX 49  
SUITE 1 ANNADALE VA 22003  
US US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City &amp; State City &amp; State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

**ARTHUR, DONALD J**  
**1412 DOVE DRIVE**  
**ORLANDO FL 32803**4. FEI Number **39-0983584**  
Applied For  
Not Applicable5. Certificate of Status Desired ☒ **\$8.75** Additional  
Fee Required

7. Name and Address of New Registered Agent

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

TITLE PD ☐ Delete  
NAME **BLAYLOCK, JAMES M**  
STREET ADDRESS **4077 BALLINA DR**  
CITY-ST-ZIP **DECATUR GA**

TITLE 1VD ☐ Delete  
NAME **LOBERG, JOHN C**  
STREET ADDRESS **1965 SEVILLE DRIVE**  
CITY-ST-ZIP **NAPA CA 94559-4320**

TITLE VD ☐ Delete  
NAME **HEMS, JOSEPH R**  
STREET ADDRESS **1271 STOCKTON DRIVE**  
CITY-ST-ZIP **NORTH BRUNSWICK NJ 08902**

TITLE SD ☐ Delete  
NAME **TOMSEY, MICHAEL D**  
STREET ADDRESS **PO BOX 252**  
CITY-ST-ZIP **ANNADALE VA**

TITLE TD ☐ Delete  
NAME **SHARPE, THOMAS**  
STREET ADDRESS **170 BLOOMINGROVE DR.**  
CITY-ST-ZIP **TROY NY**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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:

*Michael D. Tomsey***Michael D. Tomsey**  
**Secretary**

2/15/01

(703) 256-6139

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)