

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 821857

1. Entity Name

MILITARY ORDER OF THE PURPLE HEART SERVICE FOUNDATION, INC.

Principal Place of Business

7008 LITTLE RIVER TURNPIKE  
SUITE 1  
ANNADALE VA 22003  
US

Mailing Address

P.O. BOX 49  
ANNADALE VA 22003  
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

39-0983584

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

ARTHUR, DONALD J  
1412 DOVE DRIVE  
ORLANDO FL 32803

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

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

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

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

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

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

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

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

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Michael D. Tomsey*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael D. Tomsey, Secretary 3/7/02

(703)256-6139

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)