

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90270 014 ****61.25

DOCUMENT # N01000000534

1. Entity Name

SUN CITY CENTER POST NO 1288, VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.



Principal Place of Business

**VFW POST 1288,
P.O. BOX 5208
SUN CITY CENTER FL 33571-5208**

Mailing Address

**VFW POST 1288,
P.O. BOX 5208
SUN CITY CENTER FL 33571-5208**

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 **91-1911629**

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

**HINES, JAMES P JR
315 S HYDE PARK AVENUE
TAMPA FL 33606**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **CPD** ☐ Delete
NAME **SHUMWAY, JAMES**
STREET ADDRESS **2222 MAYFIELD PALMS LANE**
CITY-ST-ZIP **SUN CITY CENTER FL 33573**

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

TITLE **VD** ☐ Delete
NAME **SOMERVILLE, PAUL**
STREET ADDRESS **1254 DEL WEBB BLVD. W.**
CITY-ST-ZIP **SUN CITY CENTER, FL 33573**

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

TITLE **S** ☐ Delete
NAME **WHEAT, PAUL**
STREET ADDRESS **2211 WEST MINSTER MANOR LANE**
CITY-ST-ZIP **SUN CITY CENTER FL 33573**

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

TITLE **TD** ☒ Delete
NAME **BRICHER, JOHN**
STREET ADDRESS **1513 NORTH LAKE DRIVE**
CITY-ST-ZIP **SUN CITY CENTER FL 33573**

TITLE ☒ Change ☐ Addition
NAME **TD**
STREET ADDRESS **HARTER, JARROLD**
CITY-ST-ZIP **1104 SIGNATURE DRIVE**
SUN CITY CENTER FL 33573

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Paul Wheat
REPAUL W. WHEAT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/13/03

(813)634-7777

Date

Daytime Phone #

CR2E037 (10/02)