

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

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90128 015 \*\*\*\*61.25

**DOCUMENT # N01781**

1. Entity Name

**LEISUREVILLE POST NO. 10150 VETERANS OF FOREIGN  
WARS OF THE UNITED STATES, INC.**



Principal Place of Business

**BOYATON BEACH  
P.O. BOX 833  
BOYNTON BEACH FL 33426  
US**

Mailing Address

**P O BOX 833  
BOYNTON BEACH FL 33426**

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 **59-1602695**

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

**ZIMMERMAN, ROBERT  
811 SW 18 CT  
BOYNTON BCH FL 33426**

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

T  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MICALLEF, MICHAEL  
2385 SW TERRACE  
BOYNTON BEACH FL 33426**

☐ Delete

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

T  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MARTINELLI, HAROLD D  
1507 SW 21 ST  
BOYNTON BEACH FL**

☐ Delete

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

VDC  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ZIMMERMANN, ROBERT  
811 SW 18TH CT  
BOYNTON BCH FL**

☐ Delete

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

T  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ROMAS, PETER  
814 SW 18 CT  
BOYNTON BEACH FL 33426**

☐ Delete

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

C  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**JOYCE, DONALD  
803 SW 7TH AVE  
BOYNTON BEACH FL 33426**

☒ Delete

**DECEASED**

☐ Change ☐ Addition  
T  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**JOSEPH EPREMIAN  
813 S.W. 18 COURT  
BOYNTON BEACH, FL  
33426**

☐ Delete  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition  
TITLE  
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: Robert Zimmerman**  
**ROBERT ZIMMERMANN**  
**Commander**  
**4/8/03**  
**561-136-7686**

CR2E037 (10/02)

Attachment

## 2002 Form 1099-INT INTEREST INCOME

AMTRUST BANK  
A DIVISION OF OHIO SAVINGS BANK  
P O BOX 94764  
CLEVELAND OH 44101-4764

☐ Corrected (if checked)

90082421  
# NO1781

Forwarding Service Requested

TOLL FREE 1-888-696-4444



\*\*\*\*\* 3-DIGIT 334

VFW POST 10150

VFW POST 10150

PO BOX 833

BOYNTON BEACH FL 33425

RECIPIENT'S IDENTIFICATION NUMBER 59-1602695

PAYER'S FEDERAL IDENTIFICATION NUMBER 34-0522772

ACCOUNT NUMBER AND TYPE	BOX 1	BOX 2	BOX 3	BOX 4	BOX 5	BOX 6
0781004848 C/D	323.43	0.00	0.00	0.00	0.00	0.00
TOTALS FOR FORM 1099-INT	323.43	0.00	0.00	0.00	0.00	0.00

KEEP THIS COPY FOR YOUR RECORDS. DO NOT ATTACH IT TO YOUR INCOME TAX RETURN. THIS IS IMPORTANT TAX INFORMATION AND IS BEING FURNISHED TO THE INTERNAL REVENUE SERVICE (IRS). IF YOU ARE NOT REQUIRED TO FILE A RETURN, A NEGLIGENCE PENALTY OR OTHER SANCTION MAY BE IMPOSED ON YOU IF THIS INCOME IS TAXABLE AND THE IRS DETERMINES THAT IT HAS NOT BEEN REPORTED.

## Instructions for Recipient

- Box 1** — Shows interest paid to you during the calendar year by the payer. This does not include interest shown in box 3. If you receive a Form 1099-INT for interest paid on a tax-exempt obligation, see the instructions for your income tax return.
- Box 2** — Shows interest or principal forfeited because of early withdrawal of time savings. You may deduct this on the "Penalty on early withdrawal of savings" line of Form 1040.
- Box 3** — Shows interest on U.S. Savings Bonds, Treasury bills, Treasury bonds, and Treasury notes. This may or may not be all taxable. See Pub. 550, Investment Income and Expenses. This interest is exempt from state and local income taxes. **This interest is not included in box 1.**
- Box 4** — Shows backup withholding. Generally, a payer must backup withhold at a 30% rate if you did not furnish your taxpayer identification number to the payer. See Form W-9, Request for Taxpayer Identification Number and Certification, for information on backup withholding. **Include this amount on your income tax return as tax withheld.**
- Box 5** — Any amount shown is your share of investment expenses of a single-class REMIC. If you file Form 1040, you may deduct these expenses on the "Other expenses" line of Schedule A (Form 1040) subject to the 2% limit. This amount is included in box 1.
- Box 6** — Shows foreign tax paid. You may be able to claim this tax as a deduction or a credit on your Form 1040. See your Form 1040 instructions.

**Nominees** — If this form includes amounts belonging to another person, you are considered a nominee recipient. Complete a Form 1099-INT for each of the other owners showing the income allocable to each. File Copy A of the form with the IRS. Furnish Copy B to each owner. List yourself as the "payer" and the other owner as the "recipient." File Form(s) 1099-INT with Form 1096, Annual Summary and Transmittal of U.S. Information Returns, with the Internal Revenue Service Center for your area. On Form 1096 list yourself as the "filer." A husband or wife is not required to file a nominee return to the extent owned by the other.