2/1

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State
02-19-2001 90015 010 ****61.25

DOCUMENT # N02686

1. Entity Name

VETERANS VILLAGE POST NO. 343, INCORPORATED

30003

Principal Place of Business	Mailing Address
3120 7 SPRING BLVD SEVEN SPRING FL 34655 US	3120 7 SPRING BLVD SEVEN SPRING FL 34655 US

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 59-1817917 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BRAZIL, JOSEPH J.
3408 DELLEFIELD ST
SEVEN SPRINGS FL 34655

7. Name and Address of New Registered Agent

Name: GEORGE W. LYONS
Street Address (P.O. Box Number is Not Acceptable): 7910 KNOX Loop
City: NEW PORT RICHEY FL Zip Code: 34655

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: GEORGE W. LYONS, George W. Lyons, Fin. Off 2-17-01
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DC MORAN, HAROLD 4323 SWALLOW TAIL DR NEW PORT RICHEY FL 34653	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	COMMANDER KATHRYN L. ROBINSON D 3319 BRIAR CLIFF DR HOLIDAY, FL 34691	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVC LEDWITH, THOMAS J 4624 SWALLOW TAIL DR NEW PORT RICHEY FL 34653	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FIRST VICE COMMANDER D MERVIN J. McDONALD 2400 CHANCERY DR HOLIDAY, FL 34690	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AT ROBINSON, KATHERIN L 3319 BRIAR CLIFF DR. HOLIDAY FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECOND VICE COMMANDER D BERT CHRISTIANSEN 4225 WOOD TRAIL BLVD NEW PORT RICHEY, FL 34653	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	F LYONS, GEORGE W 7910 KNOX LOOP NEW PORT RICHEY FL 34655	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP HARTSHORE, WALTER J 6012 RED HAWK DR NEW PORT RICHEY FL 34655	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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: SIGNATURE REQUIRED KATHRYN L ROBINSON (727) 847-4184
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

DOC# N02686
30003

AMERICAN LEGION POST 343
3120 SEVEN SPRINGS BLVD.
SEVEN SPRINGS, FL 34655

The three officers listed are Directors. Mr. Lyons, our finance officer, is an agent.

If Mr. Hartshorne returns, after personal family problems, he will be included. I will notify your office

Kathryn L. Robinson, Commander
KATHRYN L. ROBINSON