

2002 UNIFORM BUSINESS REPORT (UBR)

1/9/02-90024-019-

FILED
Feb 25, 2002 8:00 am
Secretary of State

01-09-2002 90024 019 ****61.25

DOCUMENT # N04844

1. Entity Name

GILLEY, LONG, OSTEN POST NO. 8698 VETERANS OF F
 OREIGN WARS OF THE UNITED STATES, INC.

Principal Place of Business

520 E HWY 40
 P.O. BOX 241
 INGLIS FL 34449

Mailing Address

520 E HWY 40
 P.O. BOX 241
 INGLIS FL 34449

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 51-0226015

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

DUNMIRE, WILLIAM K
 19151 SE 135 CT. #28
 DUNNELLON FL 34431

7. Name and Address of New Registered Agent

Name WILLIAM K. DUNMIRE
 Street Address (P.O. Box Number is Not Acceptable)
19151 SE 135 CT. #28
 City DUNNELLON FL Zip Code 34431

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 WILLIAM K. DUNMIRE CMDR

1-7-02

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 D ☒ Delete
 NAME SPARENBERG, CHARLES F
 STREET ADDRESS 12082 W BELVEDERE STEET
 CITY-ST-ZIP CRYSTAL RIVER FL 34428

TITLE D ☐ Delete
 NAME MALCOLM, GEORGE
 STREET ADDRESS 37 VICKI ST
 CITY-ST-ZIP INGLIS FL 34449

TITLE D ☐ Delete
 NAME DUNMIRE, WILLIAM K
 STREET ADDRESS 19151 SE 135 CT. #28
 CITY-ST-ZIP DUNNELLON FL 34431

TITLE D ☒ Delete
 NAME KITCHEN, HAROLD C
 STREET ADDRESS 9275 N DAYS END PATH
 CITY-ST-ZIP CRYSTAL RIVER FL 34428

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Change ☒ Addition
 NAME SR. VICE CMDR
 STREET ADDRESS THOMAS SHANAHAN
 CITY-ST-ZIP 89 JERRY'S ST.
INGLIS FL 34449

TITLE T ☐ Change ☒ Addition
 NAME QUARTERMASTER
 STREET ADDRESS LESLIE B. MERRY
 CITY-ST-ZIP 16230 SE HWY 19
INGLIS, FL 34449

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

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

TITLE ☐ Change ☐ Addition
 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: WILLIAM K. DUNMIRE 1-7-02 (352) 447-3495

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)