

5/13/2002-90099-050-\$61.25-\$61.25

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N05449**

1. Entity Name

MAJOR WALTER W. PRICE POST 9697, VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.

Principal Place of Business

5484 GRIFFIN ROAD
DAVIE FL 33314

Mailing Address

5484 GRIFFIN ROAD
DAVIE FL 33314

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

59-2431049

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

SHANNON, FRENCH JR
1331 SW 114TH WAY
FORT LAUDERDALE FL 33325

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 FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME PRATA, ROBERT
STREET ADDRESS 4167 S.W. 87TH TERRACE
CITY-ST-ZIP DAVIE FL ☐ DeleteTITLE D
NAME JAFFREE, GARY
STREET ADDRESS 5081 SW 87TH TERRACE
CITY-ST-ZIP COOPER CITY FL 33328 ☒ DeleteTITLE D
NAME CASSELS, LARRY
STREET ADDRESS 3100 SW 52ND TERRACE
CITY-ST-ZIP DAVIE FL 33314-1941 ☐ DeleteTITLE D
NAME EDWARD D. STRICKLIN
STREET ADDRESS 9341 NW 39 ST
CITY-ST-ZIP ☐ DeleteTITLE
NAME SUNRISE FL 33351 ☐ Delete
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
02 JUN - 11 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)