

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N12207

1. Entity Name

BRANDON POST 4340, VETERANS OF FOREIGN WARS OF T

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90002 001 ****61.25

702050



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

115 W CLAY ST
BRANDON FL 33510
US

115 W CLAY ST
BRANDON FL 33510-3302
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6162507

Applied For

Not Applicable

Zip

Country

Zip

Country

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

WEAVER, RICHARD H
1130 BELLADONNA DRIVE
BRANDON FL 33510

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 Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	KRZANOWSKI, FRANK A	
STREET ADDRESS	616 W WINDHORST RD	
CITY-ST-ZIP	BRANDON FL 33510	
TITLE	D	<input type="checkbox"/> Delete
NAME	URGO, JOSEPH S	
STREET ADDRESS	501 FINGER LAKES PLACE	
CITY-ST-ZIP	SEFFNER FL 33584	
TITLE	T	<input type="checkbox"/> Delete
NAME	HARTMANN, NORBERT A	
STREET ADDRESS	1709 SANDERLING COURT	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEAVER, RICHARD H	
STREET ADDRESS	1801 TAMERLANE PL	
CITY-ST-ZIP	BRANDON FL 33510	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, STEVEN R	
STREET ADDRESS	2303 MARSEILLE COURT	
CITY-ST-ZIP	VALRICO, FL 33594	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D.S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARTMANN, NORBERT A	
STREET ADDRESS	1709 SANDERLING COURT	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEAVER, RICHARD H.	
STREET ADDRESS	1130 BELLADONNA DRIVE	
CITY-ST-ZIP	BRANDON, FL 33510	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAYES, WILLIAM A.	
STREET ADDRESS	4409 LOMA VISTA DRIVE	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Richard H. Weaver
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-7-2000 813-689-3773

CR2E037 (9/99)