

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N12207

1. Entity Name

BRANDON POST 4340, VETERANS OF FOREIGN WARS OF T.

FILED
Feb 02, 2001 8:00 am
Secretary of State

02-02-2001 90289 020 ****61.25

Principal Place of Business

115 W CLAY ST
BRANDON FL 33510
US

Mailing Address

115 W CLAY ST
BRANDON FL 33510
US

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

59-6162507

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

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
NAME KRZANOWSKI, FRANK A
STREET ADDRESS 616 W WINDHORST RD
CITY-ST-ZIP BRANDON FL 33510 ☒ Delete

TITLE PD
NAME HAYES, WILLIAM A.
STREET ADDRESS 4409 LOMA VISTA DRIVE
CITY-ST-ZIP VALRICO, FL 33594 ☒ Change ☐ Addition

TITLE D
NAME URGO, JOSEPH S
STREET ADDRESS 501 FINGER LAKES PLACE
CITY-ST-ZIP SEFFNER FL 33584 ☐ Delete

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

TITLE
NAME HARTMANN, NORBERT A
STREET ADDRESS 1709 SANDERLING COURT
CITY-ST-ZIP BRANDON FL 33511 ☐ Delete

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

TITLE D
NAME WEAVER, RICHARD H
STREET ADDRESS 1801 TAMERLANE PL
CITY-ST-ZIP BRANDON FL 33510 ☐ 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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: *Richard H. Weaver* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-2001 913-689-3773

Date

Daytime Phone #

CR2E037 (10/00)