

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90041 034 ****61.25

DOCUMENT # N12207

1. Entity Name

BRANDON POST 4340, VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.

Principal Place of Business

Mailing Address

**115 W CLAY ST
 BRANDON FL 33510
 US**

**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** ☐ Delete
 NAME **HAYES, WILLIAM A**
 STREET ADDRESS **4409 LOMA VISTA DR**
 CITY-ST-ZIP **VALRICO FL 33594**

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

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

TITLE ☐ Change ☒ Addition
 NAME **PARKER, JOHN E. SR**
 STREET ADDRESS **3602 CINDER DRIVE**
 CITY-ST-ZIP **VALRICO, FL 33594**

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

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

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

TITLE ☒ Change ☐ Addition
 NAME **WEAVER RICHARD H**
 STREET ADDRESS **1130 BELLADONNA DR**
 CITY-ST-ZIP **BRANDON FL 33510**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 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:

RICHARD H WEAVER
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

RICHARD H WEAVER 1/15/02 813 489-3773

CR2E037 (9/01)