## 2002 UNIFORM BUSINESS REPORT (UBR)

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## Feb 01, 2002 8:00 am **DOCUMENT # N14633** Secretary of State 1. Entity Name AMERICAN VETERANS OF WORLD WAR II. KOREA. AND VI 02-01-2002 90026 003 \*\*\*\*70.00 ETNAM, POST 35, INC. Principal Place of Business Mailing Address 105 JOHN KING RD. 105 JOHN KING RD. C/O HAROLD D. ZABRISKIE C/O JESSE D. WAY. 814498 **CRESTVIEW FL 32539-8307** CRESTVIEW FL 32539-8307 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2863189 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent D. Way Jesse Street Address (P.O. Box Number is Not Acceptable) ZABRISKIE, HAROLD D P/D <u>105 John King Road</u> 105 JOHN KING RD. CRESTVIEW FL 32539-8307 32539 - 8307 Crestvjew 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 9. Election Campaign Financing Make Check Payable to \$5.00 May Be • FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delete TITI F **∠**Addition (9/04 ☐ Change Teague, Mary K. Zabriskie, Harold D P/D NAME NAME 2837 OLD MILL WAY PO Box 433 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CRESTVIEW FL 32539 CITY-ST-ZIP Crestview, FL 32536-0433 Delete TITLE Change ☐ Addition NAME ZABRISKIE, GAILDA M D NAME STREET ADDRESS 2837 OLD MILL WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CRESTVIEW\_FL,32539 TITLE PD ☐ Delete TITLE □x Change ☐ Addition NAME WAY, JESSE D D NAME STREET ADDRESS 1217 VALLEY RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Crestview FL 32539 TITLE ☐ Delete TITLE Change ☐ Addition hoon. Bruce r d NAME NAME STREET ADDRESS 2826 TAMIAMI TRAIL STREET ADDRESS CITY-ST-ZIP CRESTVIEW FL 32539 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/P 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 emparated to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

FILED