

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N15485

1. Entity Name

PUNTA GORDA POST NO. 10192 VETERANS OF FOREIGN W  
ARS OF THE UNITED STATES, INC.

Principal Place of Business

Mailing Address

413 W GRACE ST.  
P O BOX 0968  
PUNTA GORDA FL 33950

413 W GRACE ST.  
P O BOX 0968  
PUNTA GORDA FL 33950

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

59-1868634

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

ROONEY, J. MICHAEL  
306 EAST OLYMPIA AVENUE  
PUNTA GORDA FL 33950

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 BROTHERS, BILL  
STREET ADDRESS 2310 TAMiami TRAIL #41  
CITY-ST-ZIP PUNTA GORDA FL 33950

TITLE PD ☐ Change ☒ Addition  
NAME James Casey  
STREET ADDRESS 30232 Oak Rd.  
CITY-ST-ZIP Punta Gorda, FL. 33982-1246

TITLE TD ☐ Delete  
NAME ROLL, DONALD  
STREET ADDRESS 413 W. GRACE STREET  
CITY-ST-ZIP PUNTA GORDA FL

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

TITLE SD ☐ Delete  
NAME RUPIS, JOSEPH  
STREET ADDRESS 150 W RETTA ESPLANADE #336  
CITY-ST-ZIP PUNTA GORDA FL

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

TITLE VD ☐ Delete  
NAME GOODENOW, GERALD  
STREET ADDRESS 9339 MCEVER ST.  
CITY-ST-ZIP PUNTA GORDA FL 33950

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

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:

*Donald F. Roll*

Donald F. Roll 1-21-02 941-639-6670

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Feb 07, 2002 8:00 am  
Secretary of State

02-07-2002 90052 041 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)