

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90216 032 *****61.25

DOCUMENT # N18806

1. Entity Name

**BAYONET POINT POST #7631 VETERANS OF FOREIGN WAR
S OF THE UNITED STATES, INC.**



Principal Place of Business

**13129 COLONY RD
HUDSON FL 34669**

Mailing Address

**13129 COLONY RD
HUDSON FL 34669**

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 **59-2707826**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SPRINGSTEEN, WILLIAM H JR.
13129 COLONY RD
HUDSON FL 34669**

7. Name and Address of New Registered Agent

Name **TRIPP, HARRY**
Street Address (P.O. Box Number is Not Acceptable)
13129 COLONY RD
City **HUDSON** FL Zip Code **34669**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **HARRY TRIPP**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/20/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--------------------------|--|
| TITLE | QM | <input checked="" type="checkbox"/> Delete |
| NAME | SPRINGSTEEN, WILLIAM | |
| STREET ADDRESS | 11511 SMITH BLVD | |
| CITY-ST-ZIP | HUDSON FL 34667 | |
| TITLE | C | <input checked="" type="checkbox"/> Delete |
| NAME | MOLHOLLAND, JERRY | |
| STREET ADDRESS | 13331 WRENWOOD CIRCLE | |
| CITY-ST-ZIP | HUDSON FL 34669 | |
| TITLE | VP | <input checked="" type="checkbox"/> Delete |
| NAME | MCDONALD, STEVE | |
| STREET ADDRESS | 9831 OSCEOLA DR | |
| CITY-ST-ZIP | NEW PORT RICHEY FL 34654 | |
| TITLE | T | <input checked="" type="checkbox"/> Delete |
| NAME | BALL, CHARLES D JR | |
| STREET ADDRESS | 13129 COLONY RD | |
| CITY-ST-ZIP | HUDSON FL 34669 | |
| TITLE | T | <input checked="" type="checkbox"/> Delete |
| NAME | FALKNER, JOSEPH | |
| STREET ADDRESS | 13129 COLONY RD | |
| CITY-ST-ZIP | HUDSON FL 34669 | |
| TITLE | T | <input checked="" type="checkbox"/> Delete |
| NAME | TRIPP, HARRY | |
| STREET ADDRESS | 13129 COLONY RD | |
| CITY-ST-ZIP | HUDSON FL 34669 | |

| | | |
|----------------|--------------------------|--|
| TITLE | QM | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TRIPP, HARRY | |
| STREET ADDRESS | 13129 COLONY RD | |
| CITY-ST-ZIP | HUDSON FLA 34669 | |
| TITLE | C | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MACDONALD, STEVE | |
| STREET ADDRESS | 9831 OSCEOLA DR | |
| CITY-ST-ZIP | NEW PORT RICHEY FL 34654 | |
| TITLE | VP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FALKNER, JOSEPH | |
| STREET ADDRESS | 13129 COLONY RD | |
| CITY-ST-ZIP | HUDSON FLA 34669 | |
| TITLE | T | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JOHN LEE | |
| STREET ADDRESS | 107 TORONZO LN | |
| CITY-ST-ZIP | NEW PORT RICHEY FL 34654 | |
| TITLE | T | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | VINCE REGA | |
| STREET ADDRESS | 8340 -3 HIGHPOINT CIRCLE | |
| CITY-ST-ZIP | PORT RICHEY FLA 34668 | |
| TITLE | T | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RON MOORE | |
| STREET ADDRESS | 12725 LIGHTWOOD DR | |
| CITY-ST-ZIP | HUDSON FLA 34669 | |

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: **William H. Springsteen**

**727
4/20/03 8560051**

CR2E037 (10/02)