

2000 UNIFORM BUSINESS REPORT (UBR)

5/3

FILED
Jul 05, 2000 8:00 am
Secretary of State

05-31-2000 90036 050 ****61.25

DOCUMENT # N19847

1. Entity Name

MERRITT ISLAND POST 5440 VETERANS OF FOREIGN WAR

Principal Place of Business

1575 SYKES CREEK DR
MERRITT ISLAND FL 32953
US

Mailing Address

1575 SYKES CREEK DR
MERRITT ISLAND FL 32953-3174
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2281598

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PEDRAZA, RICHARD
134 SEA PARK BLVD
SATELLITE BEACH FL 32937

7. Name and Address of New Registered Agent

Name **FLOYD KORB**
Street Address (P.O. Box Number is Not Acceptable)

610 JANICE CT.
City **MERRITT ISLAND**

FL

Zip Code
32952

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

FLOYD KORB

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

(NOTE: Registered Agent signature required when reinstating)

5-19-2000

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PEDRAZA, RICHARD	
STREET ADDRESS	134 SEA PARK BLVD	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
TITLE	D	<input type="checkbox"/> Delete
NAME	MANGAN, JOSEPH	
STREET ADDRESS	355 ST CHARLES AVE	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HAYNES, JOHN L	
STREET ADDRESS	1575 SYKES CREEK DR	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE	D	<input type="checkbox"/> Delete
NAME	PAPKE, EDWARD	
STREET ADDRESS	1155 N COURTENAY PKWY #101	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARVUS BROWN	
STREET ADDRESS	1440 N. BELFORD CT.	
CITY-ST-ZIP	MERRITT ISLAND, FL 32952	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADJUTANT WALTER PIASECKI	
STREET ADDRESS	5211 SANBOURNE CT.	
CITY-ST-ZIP	PORT ST. JOHN, FL 32927	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

JOHN L. HAYNES **POST QUARTERMASTER**
5-19-2000 321-454-4097

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)