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

## **DOCUMENT # N27330**

1. Entity Name

	OD POST NO. 4910 VETERAN UNITED STATES, INC.	is of Foreign Wars	S			01-10-2003 90020	007 ****6	01.23	
Principal Place of Business Maili		Mailing Address	ailing Address						
THE BOOK OF THE COMME		POST OFFICE BOX 151 OXFORD FL 34484			8074700				
<u> </u>	3		<u> </u>			<u> </u>		III 81811 1881	
WILD	Place of Business  WOOD FLA.	3. Mailing Address	illing Address						
Suite, Apt No P. O.	BOX IN WILDWOOD	Suite, Apt. #, etc.	uite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & Sta	to NOOD FLA	City & State	ty & State			4. FEI Number NOT APPLICABLE Applied For Not Applicable			
Zip 47	85 SUMTIER -	Zip	Country		5. Certificate of St.	atus Desired	\$8.75 Ad	ditional	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent				
	=.		Name						
		•	Street Address (I			P.O. Box Number is Not Acceptable)			
OXFORD FL 34484							1	<del>.</del>	
City					FL Zip Code				
8. The above	e named entity submits this statement for	the purpose of changing its re	egistered office o	r registere	d agent, or both, in t	he State of Florida. I ar	n familiar with.	and accept	
the obligat	tions of registered agent.							•	
SIGNATURE RODGER E KARL QM					JAN 7 2003 when reinstating) DATE				
0.0.0.0.0.0	Signature, typed or printed name of registered agent ar		Registered Agent signat	ture required w	hen reinstating)	DATE			
ن									
FILE NOW: FEE IS \$61.25		'				\$5.00 May Be Added to Fees Make Check Payable to Florida Department of State			
10.	OFFICERS AND DIRE	CTORS	11.	A	DDITIONS/CHANGE	S TO OFFICERS AND	DIRECTORS IN	10	
TITLE	D	☐ Delete	TITLE	Ī		M	Change	Addition	
NAME STREET ADDRESS	CARON, RONALD J		NAME						
CITY-ST-ZIP	1008 Woodside Dr.   Wildwood Fl		STREET ADDRESS CITY-ST-ZIP						
TITLE	D	☑ Delete	TITLE	ROB	ERT MON	TNEY	Change	Addition	
NAME STREET ADDRESS	GILMORE, HUGH E		NAME	40	55 CR 14	16			
CITY-ST-ZIP	4876 C.R. 118 WILDWOOD FL 34785		STREET ADDRESS CITY-ST-ZIP	WIL	DW 000, FA	A. 34785	•		
TITLE	DS	☐ Delete	TITLE				☐ Change	Addition	
NAME STREET ADDRESS	RODGER, KARL E	ı	NAME				-	ļ	
CITY-ST-ZIP	10780 N. 301 OXFORD FL 34484		STREET ADDRESS CITY-ST-ZIP						
TITLE	ON OND IL OTTOT	☐ Delete	TITLE						
							Change	Addition	

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.

CITY-ST-ZIP

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

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☐ Delete

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au 72003 352-748-7150

☐ Change

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Addition

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**FILED** 

Jan 10, 2003 8:00 am Secretary of State