

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90090 036 ****61.25

DOCUMENT # N27699

1. Entity Name

**MULBERRY - SO. LAKELAND POST 6925 VETERANS OF FO
 REIGN WARS OF THE UNITED STATES, INC.**

Principal Place of Business

Mailing Address

**4204 SO. FLORIDA AVE.
 SUITE I
 LAKELAND FL 33813
 US**

**P O BOX 634
 MULBERRY FL 33860
 US**

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

59-2903978

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

~~WILSON, JAMES H.
 4630 TURNER RD
 MULBERRY FL 33860~~

Name

LEONARD P. ROGERS

Street Address (P.O. Box Number is Not Acceptable)

8930 123RD WAY

City

SEMINOLE

FL

Zip Code

33772

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

Leonard P. Rogers

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

(NOTE: Registered Agent signature required when reinstating)

1/19/2002

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 ☐ Delete
 NAME **TR**
 STREET ADDRESS **TEETS, WARREN W**
 CITY-ST-ZIP **3424 SOUTHCREST BLVD
 LAKELAND FL 33813**

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

TITLE ☒ Delete
 NAME **BTST**
 STREET ADDRESS **ODETT, JOESPH F**
 CITY-ST-ZIP **56 THREE IRON DR
 MULBERRY FL 33860**

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

TITLE ☒ Delete
 NAME **TR**
 STREET ADDRESS **INSRUNAS, JOHN**
 CITY-ST-ZIP **103 A EIGHT IRON DR
 MULBERRY FL 33860**

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

TITLE ☒ Delete
 NAME **VBT**
 STREET ADDRESS **GOODWIN, ALLEN G**
 CITY-ST-ZIP **6135 DOVECREST TRAIL
 LAKELAND FL 33810**

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

TITLE ☐ Delete
 NAME **1ST VICE**
 STREET ADDRESS **WALLACE E. MALLEY**
 CITY-ST-ZIP **375 W. BRANNEN RD. # 18
 LAKELAND, FL. 33813**

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

TITLE ☐ Delete
 NAME **TR**
 STREET ADDRESS **WILLIAM E. ROGERS**
 CITY-ST-ZIP **4002 WARING RD.
 LAKELAND, FL. 33811**

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

WARREN W. TEETS
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01-16-02863-644-9298

CR2E037 (9/01)