

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 19, 2000 8:00 am**  
**Secretary of State**

04-19-2000 90039 020 \*\*\*\*61.25

**DOCUMENT # N30987**

1. Entity Name

**HARDEE COUNTY POST NO. 10285 VETERANS OF FOREIGN**

Principal Place of Business

Mailing Address

326 HANCHEY RD.  
 WAUCHULA FL 33873

~~ROBERT A. JONES~~  
 PO BOX 1500  
 WAUCHULA FL 33873-1500

2. Principal Place of Business

3. Mailing Address  
**R.A. JONES POST 10285**

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
**P.O. BOX 1500**

City & State

City & State  
**WAUCHULA, FLORIDA**

4. FEI Number

**65-0077001**

Applied For

Not Applicable

Zip

Country

Zip

**33873**

Country

**HARDEE**

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PARKS, WARREN**  
**1012 MAGNOLIA LN**  
**WAUCHULA FL 33873**

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	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>HENDLEY, ROBERT</b>	
STREET ADDRESS	<b>RT 1 BOX 29-B</b>	
CITY-ST-ZIP	<b>BOWLING GREEN FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>BROWN, DONALD I JR</b>	
STREET ADDRESS	<b>PO BOX 1234</b>	
CITY-ST-ZIP	<b>WAUCHULA FL 33873</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>PARKS, WARREN</b>	
STREET ADDRESS	<b>1012 MAGNOLIA LN</b>	
CITY-ST-ZIP	<b>WAUCHULA FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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:** *Robert Hendley* **ROBERT HENDLEY** 4/12/00

863-773-3361

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)