

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

FILED
Mar 12, 2003 8:00 am
Secretary of State

03-12-2003 90080 044 ****70.00

DOCUMENT # N34354

1. Entity Name

**WALTER R. MICKENS POST NUMBER 6021. VETERANS OF
FOREIGN WARS OF THE UNITED STATES, INC.**



Principal Place of Business

**803 EMMA STREET
KEY WEST FL 33040
US**

Mailing Address

**POST OFFICE BOX 903
KEY WEST FL 33040
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 **59-6162528**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75-Additional
Fee Required**

6. Name and Address of Current Registered Agent

**JAMES, ROBERT L.
314 CATHERINE STREET
KEY WEST FL 33040**

7. Name and Address of New Registered Agent

Name **Paul Richardson**

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

913 Terry Lane

City **Key West**

FL

Zip Code **33040**

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

[Signature]

3-10-03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	FISHER, GERALD JR	
STREET ADDRESS	920 EMMA STREET	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	VD	<input type="checkbox"/> Delete
NAME	JAMES, ROBERT L.	
STREET ADDRESS	314 CATHERINE STREET	
CITY-ST-ZIP	KEY WEST FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	FISHER, ALVIN A	
STREET ADDRESS	10-B FORT VILLAGE APTS.	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	S	<input type="checkbox"/> Delete
NAME	PLANAS, JOSE	
STREET ADDRESS	711 OLIVIA STREET	
CITY-ST-ZIP	KEY WEST FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Paul Richardson	
STREET ADDRESS	913 Terry Lane	
CITY-ST-ZIP	Key West, FL 33040	
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		
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:

[Signature] **SIGNATURE REQUIRED**

CR2E037 (10/02)