

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N35925**

1. Entity Name

VETERAN'S MEMORIAL FOUNDATION, INC.

Principal Place of Business

**C/O BOB SOCKS 4400 S HOPKINS AVE
TITUSVILLE FL 32780**

Mailing Address

**C/O BOB SOCKS 4400 S HOPKINS AVE
TITUSVILLE FL 32780**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**SOCKS, ROBERT L
4400 S HOPKINS AVE
TITUSVILLE FL 32780**

4. FEI Number

59-2993204

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

7. Name and Address of New Registered Agent

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

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|-------------------|-------------------|---------------------|---------------------------------|
| V | CIPILLERI, GEORGE | 4220 HEMLOCK LAND | TITUSVILLE FL 32780 | |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|------------|-----------------|----------------|---------------------------------|
| T | TOM PATTON | 4375 FAYE BLVD. | COCOA FL 32927 | |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|--------------|------------------|---------------------|---------------------------------|
| D | HISMAN, JOHN | 4783 LONGBOW DR. | TITUSVILLE FL 32796 | |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|---------------|------------------------|---------------------|---------------------------------|
| D | ROWLAND, MARK | 3912 TANGLEWOOD CIRCLE | TITUSVILLE FL 32780 | |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|-----------------|---------------------|---------------|---------------------------------|
| P | SOCKS, ROBERT L | 4400 SO HOPKINS AVE | TITUSVILLE FL | |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|-----------------|----------------|---------------------|---------------------------------|
| D | SKINNER, SANDRA | 2060 GANDEN ST | TITUSVILLE FL 32796 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
| | | | | | |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
| | | | | | |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
| | | | | | |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
| | | | | | |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
| | | | | | |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> 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.

SIGNATURE:

ROBERT L. SOCKS

Date

3/15/01

Daytime Phone #

321-267-7070

DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)