

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90024 032 ****70.00

DOCUMENT # N45479

1. Entity Name

PURPLE HEART VETERANS OF FLORIDA, INC.

Principal Place of Business

Mailing Address

5804 TENTH AVENUE
 NEW PORT RICHEY FL 34652-4742
 US

5804 TENTH AVE
 NEW PORT RICHEY FL 34652-4742
 US

2. Principal Place of Business

3. Mailing Address

5804 TENTH AVE

5804 TENTH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

NEW PORT RICHEY FL 34652-4742

NEW PORT RICHEY FL 34652-4742

City & State

City & State

FLORIDA

FLORIDA

Zip

Zip

34652-4742

34652-4742

Country

Country

U.S.A.

U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3090999

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

SHRED, GEORGE F
 5804 TENTH AVE
 NEW PORT RICHEY FL 34652

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

George F. Shred, Treasurer

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/22/2002

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 PT ☐ Delete
 NAME BROWN, GORDON K
 STREET ADDRESS 6580 YEDRA
 CITY-ST-ZIP FORT PIERCEE FL

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

TITLE VT ☐ Delete
 NAME BEAGLE, PAUL P.
 STREET ADDRESS 933 S.W. BAY STATE RD
 CITY-ST-ZIP PORT ST. LUCIE FL

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

TITLE TD ☐ Delete
 NAME SHRED, GEORGE F
 STREET ADDRESS 5804 TENTH AVE
 CITY-ST-ZIP NEW PORT RICHEY FL

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

TITLE SD ☐ Delete
 NAME HANRIGHT, ROBERT A
 STREET ADDRESS 895 SNOOK AVE.
 CITY-ST-ZIP NEW SMYRNA BEACH FL

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

TITLE TD ☐ Delete
 NAME SHRED, GEORGE
 STREET ADDRESS 5804 TENTH AVENUE
 CITY-ST-ZIP NEW PORT RICHEY FL

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

TITLE D ☐ Delete
 NAME GRANT, RICHARD M.
 STREET ADDRESS 9675 MOCKING BIRD LANE
 CITY-ST-ZIP MICCO FL 32976-3309

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: *George F. Shred, Treasurer*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)