

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

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90314 015 *****61.25

DOCUMENT # N45546

1. Entity Name

VETERANS OF THE VIETNAM WAR FLORIDA POST 4 INC.



Principal Place of Business

P.O. BOX 5346
HOLLYWOOD FL 33083

Mailing Address

P.O. BOX 5346
HOLLYWOOD FL 33083

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0077124**

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

MAST, HUGO O.
1510 LEE ST
HOLLYWOOD FL 33020

Name **George Wawisko**
Street Address (P.O. Box Number is Not Acceptable)
814 S Dixie Hwy
City **Hlwd** FL Zip Code **33020**

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]* **George Wawisko** **1-21-03**
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 type="checkbox"/> Delete |
| NAME | CARREIRO, NORMAN | |
| STREET ADDRESS | 4120 SW 31ST DRIVE | |
| CITY-ST-ZIP | HOLLYWOOD FL | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | BROWNELL, HENRY | |
| STREET ADDRESS | 43 OKOMO DR W | |
| CITY-ST-ZIP | HOLLYWOOD FL 33021 | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | CARREIRO, NORMAN J. | |
| STREET ADDRESS | 4120 SW 31ST DR | |
| CITY-ST-ZIP | HOLLYWOOD FL 33023 | |
| TITLE | STD | <input checked="" type="checkbox"/> Delete |
| NAME | MAST, HUGO O. | |
| STREET ADDRESS | 1510 LEE ST | |
| CITY-ST-ZIP | HOLLYWOOD FL 33020 | |
| 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 type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | NORMAN CARREIRO | |
| STREET ADDRESS | 4120 SW 31 DR | |
| CITY-ST-ZIP | HOLLYWOOD FL 33023 | |
| TITLE | VD HENRY W. BROWNELL JR. | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 43 OKOMO DR. W. | |
| STREET ADDRESS | Hollywood, FLA. 33021 | |
| CITY-ST-ZIP | | |
| TITLE | PD | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | NORMAN CARREIRO | |
| STREET ADDRESS | 4120 SW 31 DR | |
| CITY-ST-ZIP | HOLLYWOOD FL 33023 | |
| TITLE | STD | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | George Wawisko | |
| STREET ADDRESS | 814 S Dixie Hwy | |
| CITY-ST-ZIP | Hlwd FL 33020 | |
| 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]* **1263 954989543**

CR2E037 (10/02)