

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N47204

1. Entity Name

CRESTVIEW, POST NO. 5450, VETERANS OF FOREIGN WA
RS OF THE UNITED STATES, INC.

Principal Place of Business

Mailing Address

2240 W JAMES LEE BLVD
CRESTVIEW FL 32536
US

2240 W JAMES LEE BLVD
CRESTVIEW FL 32536
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

59-2898228

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

Name

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

City

FL

Zip Code

FORTENBERRY, ROBERT Q
6628 BILL LUNDY ROAD
LAUREL HILL FL 32567

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 DP
NAME FORTENBERRY, ROBERT Q
STREET ADDRESS 6628 BILL LUNDY ROAD
CITY-ST-ZIP LAUREL HILL FL 32567 ☐ Delete

TITLE DV
NAME SPANGLER, LYLE
STREET ADDRESS 2240 W. JAMES LEE BLVD.
CITY-ST-ZIP CRESTVIEW FL 32536 ☒ Delete

TITLE DV
NAME ROY, KELLY
STREET ADDRESS 212 LUSTIN DR.
CITY-ST-ZIP CRESTVIEW FL 32536 ☐ Delete

TITLE DT
NAME WHITNEY, RICHARD D
STREET ADDRESS 278 SEMINOLE TRL.
CITY-ST-ZIP CRESTVIEW FL 32536 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE DV
NAME WILLIAM BEIER
STREET ADDRESS 2240 W. JAMES LEE BLVD,
CITY-ST-ZIP CRESTVIEW, FL, 32536 ☒ Change ☐ Addition

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 Q FORTENBERRY 1-7-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

FILED
Jan 10, 2002 8:00 am
Secretary of State

01-10-2002 90004 009 ****61.25

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DO NOT WRITE IN THIS SPACE

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CR2E037 (9/01)