

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

FILED
Jul 10, 2003 8:00 am
Secretary of State

07-10-2003 90107 018 ****61.25

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

WILLIAM R. BEIER

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

6023 DAIRY RD

City

BAKER

FL

Zip Code

32531

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

William R. Beier

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

8 JUL 03

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

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

TITLE **DP** ☒ Change ☐ Addition
NAME **WILLIAM R. BEIER**
STREET ADDRESS **6023 DAIRY RD**
CITY-ST-ZIP **BAKER FL 32531**

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

TITLE **DV** ☒ Change ☐ Addition
NAME **DAVID EARL**
STREET ADDRESS **178 JOHN KING RD**
CITY-ST-ZIP **CRESTVIEW FL 32539**

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

TITLE **DT** ☒ Change ☐ Addition
NAME **SHELDON A HEINZ**
STREET ADDRESS **5592 AURORA RD**
CITY-ST-ZIP **CRESTVIEW, FL 32536**

TITLE **DV** ☐ Delete
NAME **BEIER, WILLIAM**
STREET ADDRESS **2240 W JAMES LEE BLVD**
CITY-ST-ZIP **CRESTVIEW FL 32536**

TITLE **DV** ☒ Change ☐ Addition
NAME **DON EVERAGE**
STREET ADDRESS **PO BOX 129**
CITY-ST-ZIP **MILLSAN, FL 32532**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8 JUL 03

Date

850-682-5552

Daytime Phone #

CR2E037 (4/03)