

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N47935

1. Entity Name

LUTZ - LAND O'LAKES POST 4932 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.

Principal Place of Business

4710 LAND O'LAKES BLVD
STE 8
LAND O'LAKES FL 34639
US

Mailing Address

P.O. BOX 2209
LAND O'LAKES FL 34639
US

2. Principal Place of Business

7419 MOFFIT RD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAND O'LAKES FL

City & State

4. FEI Number

59-2985002

Applied For

Not Applicable

Zip

34639

Country

US

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BOCOCK, GORDON L
7412 MOFFIT ROAD
LAND O LAKES FL 34639

7. Name and Address of New Registered Agent

Name JAMES L. FISHER
Street Address (P.O. Box Number is Not Acceptable)
7411 MOFFIT RD
City LAND O'LAKES FL Zip Code 34639

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

JAMES L. FISHER, GM/Adj

[Signature]

7-6-02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002, min. will be \$236.25.

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	OMD	☒ Delete
NAME	BOCOCK, GORDON L	
STREET ADDRESS	7412 MOFFIT ROAD	
CITY-ST-ZIP	LAND O LAKES FL 34639	
TITLE	DT	☐ Delete
NAME	ORIDWAY, ALVIN	
STREET ADDRESS	6408 NORTH 42ND STREET	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE	DT	☒ Delete
NAME	HARRIS, GLENN	
STREET ADDRESS	3927 FALLVIEW COURT	
CITY-ST-ZIP	LAND O LAKES FL 34639	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Commander	☐ Change ☒ Addition
NAME	George G. Troide	
STREET ADDRESS	7419 MOFFIT RD	
CITY-ST-ZIP	LAND O LAKES, FL 34639	
TITLE	Sr Vice Commander	☒ Change ☐ Addition
NAME	ALVIN ORIDWAY	
STREET ADDRESS	6408 N. 42ND ST	
CITY-ST-ZIP	TAMPA, FL 33610	
TITLE	QUARTERMASTER/ADJUTANT	☐ Change ☒ Addition
NAME	JAMES L. FISHER	
STREET ADDRESS	7411 MOFFIT RD	
CITY-ST-ZIP	LAND O LAKES, FL 34639	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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]

7-6-02

813-996-5399

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Aug 01, 2002 8:00 am
Secretary of State

07-10-2002 90181 042 ****61.25

40443



DO NOT WRITE IN THIS SPACE

CR2E037 (4/02)