

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

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90150 028 ****61.25

DOCUMENT # N47935

1. Entity Name

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



Principal Place of Business

**7419 MOFFAT RD
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

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2985002**

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

**FISHER, JAMES L
7411 MAFFIT RD
LAND O LAKES FL 34639**

Name

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

7411 MOFFIT Rd

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

James L. Fisher **JAMES L. FISHER**

1-19-03

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

TITLE	CD	<input type="checkbox"/> Delete
NAME	TROIDL, GEORGE G	
STREET ADDRESS	7419 MOFFIT RD	
CITY-ST-ZIP	LAND O LAKES FL 34639	
TITLE	SVCD	<input type="checkbox"/> Delete
NAME	ORIDWAY, ALVIN	
STREET ADDRESS	6408 NORTH 42ND STREET	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE	DQA	<input type="checkbox"/> Delete
NAME	FISHER, JAMES L	
STREET ADDRESS	7411 MOFFIT FISHER	
CITY-ST-ZIP	LAND O LAKES FL 34639	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
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:

James L. Fisher **JAMES L. FISHER**

1-19-03

813-996-5399

CR2E037 (10/02)