

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N49413**

1. Entity Name

**PAUL J. YOHMAN MEMORIAL VFW POST 7115, INC.**

Principal Place of Business

**6561 SUNSET STRIP  
SUNRISE FL 33313**

Mailing Address

**6561 SUNSET STRIP  
SUNRISE FL 33313**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-6209824**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required****6. Name and Address of Current Registered Agent****DEMBICKI, HARRY  
6561 SUNSET STRIP  
SUNRISE FL 33313****7. Name and Address of New Registered Agent**

Name

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

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.

SIGNATURE

Signature, typed, and 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>STICKNEY, RONALD</b>	
STREET ADDRESS	<b>5780 SW 13TH STREET</b>	
CITY-ST-ZIP	<b>PLANTATION FL 33317</b>	

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>GLADD, MONROE</b>	
STREET ADDRESS	<b>P OB OX 5092</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33310</b>	

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>DAVIS, BILL</b>	
STREET ADDRESS	<b>8857 NW 3RD PLACE</b>	
CITY-ST-ZIP	<b>CORAL SPRINGS FL 33071</b>	

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DEMBICKI, HARRY</b>	
STREET ADDRESS	<b>6561 SUNSET STRIP</b>	
CITY-ST-ZIP	<b>SUNRISE FL</b>	

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	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RONALD SHARP</b>	
STREET ADDRESS	<b>2034 NW 34TH ST. #7</b>	
CITY-ST-ZIP	<b>LAUDER HILL, FL. 33313</b>	

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WALTER R. LID</b>	
STREET ADDRESS	<b>7400 NW 15TH ST.</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE, FL. 33313</b>	

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
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]***1-7-2002 954-742-9007****FILED**  
**Jan 11, 2002 8:00 am**  
**Secretary of State**

01-11-2002 90001 035 \*\*\*\*61.25

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DO NOT WRITE IN THIS SPACE

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CR2E037 (9/01)