

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000002044

1. Entity Name

EDGEWATER POST NUMBER 4532, VETERANS OF FOREIGN

Principal Place of Business

P.O. BOX 654
EDGEWATER FL 32132

Mailing Address

P.O. BOX 654
EDGEWATER FL 32132

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

NOT APPLICABLE

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

KLIEGER, KENNETH L
2201 S. RIDGEWOOD #30
EDGEWATER FL 32141

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 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<p>PD PETERS, RICHARD J 168 GARY AVENUE OAK HILL FL</p> <p><input type="checkbox"/> Delete</p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<p>ST HAYMAN, JACK H 3003 TRAVELERS PALM DRIVE EDGEWATER FL 32141</p> <p><input type="checkbox"/> Delete</p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<p>TD KLIEGER, KENNETH L 2201 S. RIDGEWOOD DRIVE #30 EDGEWATER FL 32141</p> <p><input type="checkbox"/> Delete</p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<p><input type="checkbox"/> Delete</p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<p><input type="checkbox"/> Delete</p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<p><input type="checkbox"/> Delete</p>

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

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]*

6-24-01 386-409-9267

FILED
Jun 29, 2001 8:00 am
Secretary of State

06-29-2001 90005 003 ****70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)