

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 03, 2002 8:00 am**  
**Secretary of State**

06-03-2002 91207 019 \*\*\*\*70.00

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**DOCUMENT # N93000002044**

1. Entity Name

**EDGEWATER POST NUMBER 4532, VETERANS OF FOREIGN**

Principal Place of Business

Mailing Address

P.O. BOX 654  
 EDGEWATER FL 32132

P.O. BOX 654  
 EDGEWATER FL 32132

2. Principal Place of Business

3. Mailing Address

2201 S. RIDGEWOOD

Suite, Apt. #, etc.  
 LOT 30

Suite, Apt. #, etc.

City & State  
 EDGEWATER, FL

City & State

Zip  
 32141

Country  
 VAUSA

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

**KUEGER, 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]*

**KENNETH L. KUEGER** **REAS**  
**5-20-02**

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**  
**After September 12, 2001, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>AT &amp; S</del> <del>NAME</del>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUSTEE HECK, WALTER BOX 1520 EDGEWATER, FL 32132	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUSTEE VARANO, FRANK B 2125 SABAL PALM EDGEWATER, FL 32141	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COMMANDER GILLESPIE, DONALD 1719 WILLOW OAK EDGEWATER, FL 32141	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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]* **KENNETH L. KUEGER** **REAS**  
**5-20-02**  
**86-409-9267**

CR2E037 (5/01)