

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

**FILED**  
**Mar 06, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90283 023 \*\*\*\*61.25

**DOCUMENT # N93000002044**

1. Entity Name

**EDGEWATER POST NUMBER 4532, VETERANS OF FOREIGN  
WARS OF THE UNITED STATES, INC.**



Principal Place of Business

**2201 S. RIDGEWOOD  
LOT 40  
EDGEWATER FL 32141**

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

☐ CHECK HERE IF MAKING CHANGES

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

Name

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

City

**FL**

Zip Code

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

**DONALD GILLESPIE  
1719 WILLOW OAK DR  
EDGEWATER  
32132**

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

*Donald Gillespie*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*11 Feb 03*

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete  
NAME **PETERS, RICHARD J**  
STREET ADDRESS **168 GARY AVENUE**  
CITY-ST-ZIP **OAK HILL FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **TD** ☒ Delete  
NAME **KLIEGER, KENNETH L**  
STREET ADDRESS **2201 S. RIDGEWOOD DRIVE #30**  
CITY-ST-ZIP **EDGEWATER FL 32141**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **TD** ☐ Delete  
NAME **HECK, WALTER**  
STREET ADDRESS **BOX 1520**  
CITY-ST-ZIP **EDGEWATER FL 32132**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **TD** ☐ Delete  
NAME **VARANO, FRANK**  
STREET ADDRESS **2125 SABAL RD**  
CITY-ST-ZIP **EDGEWATER FL 32141**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☒ Delete  
NAME **GILISPE, DONALD**  
STREET ADDRESS **1719 WILLOW OAK**  
CITY-ST-ZIP **EDGEWATER FL 32141**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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 REQUIRED**

*Donald Gillespie*

**DONALD G. GILLESPIE  
586 428 9446**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)