

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 16, 2002 8:00 am**  
**Secretary of State**

01-16-2002 90083 017 \*\*\*\*61.25

**DOCUMENT # N94000002079**

1. Entity Name

**JOE NIC BARCO MEMORIAL VFW POST 7122 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.**

Principal Place of Business

Mailing Address

**8191 SOUTH FLORIDA AVENUE  
 FLORAL CITY FL 34436**

**POST OFFICE BOX 1119  
 FLORAL CITY FL 34436**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3213394**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FERGUSON, TERRY  
 8380 US COVE  
 FLORAL CITY FL 34436**

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PEARDON, PEGGY F</b>	
STREET ADDRESS	<b>12395 S. CANNA PT.</b>	
CITY-ST-ZIP	<b>FLORAL CITY FL 34436</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>FERGUSON, TERRY</b>	
STREET ADDRESS	<b>8380 S. COVE</b>	
CITY-ST-ZIP	<b>FLORAL CITY FL 34436</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>PEARDON, DAVID M</b>	
STREET ADDRESS	<b>12395 S CANNA PT</b>	
CITY-ST-ZIP	<b>FLORAL CITY FL 34436</b>	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>VD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Welcome, Gary</b>	
STREET ADDRESS	<b>8639 CR #624A</b>	
CITY-ST-ZIP	<b>Bushnell FL 33513</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>STAKER, Robert</b>	
STREET ADDRESS	<b>2395 N. ANNAPOLIS AVE</b>	
CITY-ST-ZIP	<b>HERNANDO FL 34442</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Moyer-Staker, Denise</b>	
STREET ADDRESS	<b>2395 N. ANNAPOLIS AVE</b>	
CITY-ST-ZIP	<b>HERNANDO FL 34442</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		

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:** *Peggy F Peardon* **PEARDON, PEGGY F**, COMMANDER 1-8-02  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)