

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000002460

1. Entity Name

REGULAR VETERANS ASSOCIATION POST 3, INC.

Principal Place of Business

3621 CENTURY BLVD.
LAKELAND FL 33803

Mailing Address

3621 CENTURY BLVD.
LAKELAND FL 33803

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

59-3248073

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

CATHEY, TONYA S
3621 CENTURY BLVD
LAKELAND FL 33811

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
PC
HURST, THOMAS R
5920 KIMBALL DR., APT A
MULBERRY FL 33860 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
J.V.P.
Julian Dunn
5920 Kimball Rd 4B
Mulberry FL 33860 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SVP
CATHEY, RICHARD E
4921 S. DEVONSHIRE LN
LAKELAND FL 33813 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Cyrus Kline
3959 Lehman Court
ULD FL 33860 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
JVP
CHAPMAN, WALTER
P O BOX 1002 N/A
SPARR FL 32192 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CRUCE, JERRY
P.O. BOX 289 N/A
PERRY FL 32347 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BOWMAN, JOHN
5920 KIMBALL DR
MULBERRY FL 33860 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WILLIAMS, WILEY W
4420 SHEPHERD ROAD
MULBERRY FL 33860 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 03, 2002 8:00 am
Secretary of State

02-03-2002 90029 032 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)