

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000005215

1. Entity Name

CARL S. GEARHART, SR. POST 7256 VETERANS OF FORE

Principal Place of Business

Mailing Address

4131 TREIMAN BLVD
RIDGE MANOR FL 33525

PO BOX 1892
DADE CITY FL 33525

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WATTS, KENNETH L
4131 TREIMAN BLVD
RIDGE MANOR FL 33525

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
PD
KEY, JOHN F III
PO BOX 723 N/A
TRILBY FL 33593

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
KIPP, PERCIVAL H
4131 TREIMAN BLVD
RIDGE MANOR FL 33525

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
RITCHIE, FANNIE
PO BOX 723 N/A
TRILBY FL 33593

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
WATTS, K L
4131 TREIMAN BLVD
RIDGE MANOR FL 33525

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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: KENNETH L. WATTS (KENNETH L. WATTS-TD) 5/6/01 (352)583-9939

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90399 016 ****61.25

657135



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3212990 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

CR2E037 (10/00)