

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

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90180 027 ****61.25

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1. Entity Name

CARL S. GEARHART, SR. POST 7256 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.



Principal Place of Business

**4131 TREIMAN BLVD
RIDGE MANOR FL 33525**

Mailing Address

**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

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**WATTS, KENNETH L
4131 TREIMAN BLVD
RIDGE MANOR FL 33525**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	KEY, JOHN F III	
STREET ADDRESS	PO BOX 723 N/A	
CITY-ST-ZIP	TRILBY FL 33593	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KIPP, PERCIVAL H	
STREET ADDRESS	4131 TREIMAN BLVD	
CITY-ST-ZIP	RIDGE MANOR FL 33525	
TITLE	SD	<input type="checkbox"/> Delete
NAME	RITCHIE, FANNIE	
STREET ADDRESS	PO BOX 723 N/A	
CITY-ST-ZIP	TRILBY FL 33593	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WATTS, K L	
STREET ADDRESS	4131 TREIMAN BLVD	
CITY-ST-ZIP	RIDGEMANOR LF 33525	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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	
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: *Kenneth L Watts* **KENNETH L WATTS** *TD* **3/23/03** **583-9939** **(352)**

CR2037 (10/02)