

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005294

1. Entity Name

POST NO. 8683 VETERANS OF FOREIGN WARS OF THE UN

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90088 028 ****61.25

Principal Place of Business

22824 BLUEGILL LANE
SUMMERLAND KEY FL 33042
US

Mailing Address

V.F.W. POST 8683
P.O. BOX 420792
SUMMERLAND KEY FL 33042-0792

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

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

YOUNGE, STEPHEN T.
27360 ST. CROIX LANE
SUMMERLAND KEY FL 33042

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

STEPHEN T. YOUNGE - Post Commander 01/17/00

(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 ☐ Delete
NAME D
STREET ADDRESS YOUNGE, STEPHEN T
CITY-ST-ZIP 27360 ST. CROIX LANE
SUMMERLAND KEY FL 33042-5438

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

TITLE ☐ Delete
NAME D
STREET ADDRESS GOSSARD, MILFORD C
CITY-ST-ZIP 22824 BLUEGILL LANE
SUMMERLAND KEY FL 33042-4703

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

TITLE ☐ Delete
NAME D
STREET ADDRESS KENNEDY, PATRICK
CITY-ST-ZIP 138 YARD ARM RD.
SUMMERLAND KEY FL 33042

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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:

Stephen T. Young
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01/17/00 1-305-872-1330

CR2E037 (9/99)