

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N96000005294**

1. Entity Name

POST NO. 8683 VETERANS OF FOREIGN WARS OF THE UN**FILED****Mar 14, 2001 8:00 am**
Secretary of State

03-14-2001 90214 046 ****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

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

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

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

Name

Milford C GOSSARD

Street Address (P.O. Box Number is Not Acceptable)

22824 BLUEGILL LANE**SUMMERLAND KEY**

City

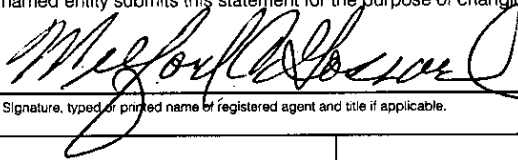
FL

Zip Code

33042

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

**Milford C GOSSARD****3-8-01**

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 ☐ Delete
NAME **D**
STREET ADDRESS **YOUNGE, STEPHEN T**
CITY-ST-ZIP **27360 ST. CROIX LANE**
SUMMERLAND KEY FL 33042-5438TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **D**
STREET ADDRESS **GOSSARD, MILFORD C**
CITY-ST-ZIP **22824 BLUEGILL LANE**
SUMMERLAND KEY FL 33042-4703TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **D**
STREET ADDRESS **KENNEDY, PATRICK**
CITY-ST-ZIP **138 YARD ARM RD.**
SUMMERLAND KEY FL 33042TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

SIGNATURE REQUIRED **Milford C. GOSSARD** **3-8-01** **1-305-745-1567**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

UBR 3/01

CR2E037 (10/00)