

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N96000005969**

1. Entity Name

**V.J. DESIO MEMORIAL POST 10476 INC.****FILED**  
**Feb 04, 2002 8:00 am**  
**Secretary of State**

02-04-2002 90044 024 \*\*\*\*61.25

Principal Place of Business

**3725 CAPE HAZE DRIVE  
ROTONDA WEST FL 33947  
US**

Mailing Address

**3725 CAPE HAZE DRIVE  
ROTONDA WEST FL 33947  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**65-0342044**

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

**DESIO, VINCENT W  
41 ROTONDA CIRCLE  
ROTONDA WEST FL 33947**

7. Name and Address of New Registered Agent

Name

**CHARLES F. MOHLER**

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

**196 ANNAPOLIS LANE**

City

**ROTONDA****FL**

Zip Code

**33947**

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

**CHARLES F. MOHLER***Charles F. Mohler***1-17-02**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DC DESIO, VINCENT W 41 ROTONDA CIRCLE ROTONDA WEST FL 33947</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T MOHLER, CHARLES 196 ANNAPOLIS LANE ROTONDA WEST FL 33947</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V FITZGERALD, HENRY 13491 ROMFORD AVE. PT. CHARLOTTE FL 33981</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TR GRISSELL, HENRY 6314 DRUDE CT. PORT CHARLOTTE FL 33981</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DC LEONARD DURHAM 11 OAKLAND HILLS PL ROTONDA FL 33947</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>LARRY L. AULT 201 CADDY RD ROTONDA FL 33947</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Charles F. Mohler***1-17-02****941-697-1472**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)