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

## Apr 17, 2001 8:00 am Secretary of State DOCUMENT # N9700006901 1. Entity Name POST 461 VETERANS OF FOREIGN WARS OF THE UNITED 04-17-2001 90149 012 \*\*\*\*61 Principal Place of Business Mailing Address 16401 SW 90 AVE 16401 SW 90 AVE MIAMI FL 33157 MIAMI FL 33157 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For NOT APPLICABLE Not Applicable Zip Country Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent F. Popadak Street Addr FRY, RUNALD'S SR ~9341 MARTINIQUE DRIVE MIAMI FL 33189 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 Make Check Payable to FILE NOW: 9. Election Campaign Financing **\$5.00** May Be Trust Fund Contribution. **Department of State** Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Delete BRYDA, JEROME TITL F TITLE Change ☐ Addition 9133 SW 183RJ Terr NAME NAME POPADAK, GEORGE E STREET ADDRESS STREET ADDRESS 1402 SW 104 AVE MIAM . FL 33157 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33176** Change ☐ Addition VD Delete TITI F TITLE WIDDWALD WARSHAW 48245W58 Ave NAME <del>-Bryda, Jer</del>ome NAME STREET ADDRESS STREET ADDRESS 9133 SW 183RD TERR MIAMI FL 33155 CITY-ST-ZIP CITY - ST - ZIP MAMI FL 33157 - = ✓ Defete Change TITLE TITLE ☐ Addition TOIS George E Popadak NAME <del>fry, ronald 3 s</del>r NAME STREET ADDRESS STREET ADDRESS 9341 MARTINIQUE DRIVE CITY-ST-ZIP CITY-ST-7IP **MIAMI FL 33189** Delete 4 TITLE TITLE ☐ Change ☐ Addition NAME <del>Peterson, Edward </del>J NAME STREET ADDRESS 19550 BELVIEW DRIVE STREET ADDRESS CITY-ST-7IP **MIAMLEL 33157** CITY-ST-ZIP TITLE Delete TITI F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change | ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

CITY-ST-ZIF

SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Dayling Phone Dayling Phone Dayling OFFICER OR DIRECTOR