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**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

02-01-2001 90064 010 \*\*\*\*61.25

**2001 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # N98000001542**

1. Entity Name  
**HAWTHORNE MEMORIAL POST NO 6389 VETERANS OF FORE**

Principal Place of Business Mailing Address  
VFW POST 6389 --- VFW POST 6389  
HAWTHORNE AT LEESBURG, P.O. BOX 491700 --- HAWTHORNE AT LEESBURG, P.O. BOX 491700  
LEESBURG FL 34749-1700 --- LEESBURG FL 34749-1700

2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
**100 PALO VERDE DR** **100 PALO VERDE DR**  
City & State City & State  
Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

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  
**SAMSELL, JAMES**  
**132 PALO VERDE DRIVE**  
**LEESBURG FL 34748**

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.

SIGNATURE \_\_\_\_\_  
Signature, typed or added name of registered agent and title if applicable. NOTE: Registered Agent signature required when submitting. DATE \_\_\_\_\_

FILE NOW:  
FEE IS \$81.25

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D COM.</b> <b>SAMSELL, JAMES E</b> <b>132 PALO VERDE DRIVE</b> <b>LEESBURG FL 34748</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>COMMANDER</b> <b>SAMSELL, JAMES E</b> <b>132 PALO VERDE DR</b> <b>LEESBURG FL 34748</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CROWELL, EDWARD J</b> <b>132 ROYAL PALM DRIVE</b> <b>LEESBURG FL 34748</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SENIOR VICE</b> <b>CROWELL, EDWARD J</b> <b>132 ROYAL PALM DR</b> <b>LEESBURG FL 34748</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WALSTAD, JOHN O</b> <b>113 TAMARISK WAY</b> <b>LEESBURG FL 34748</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ADJUTANT</b> <b>WALSTAD, JOHN O</b> <b>113 TAMARISK WAY</b> <b>LEESBURG FL 34748</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WETTER, ROBERT H</b> <b>217 HAWTHORNE BLVD.</b> <b>LEESBURG FL 34748</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>QUARTER MASTER</b> <b>WETTER, ROBERT H</b> <b>217 HAWTHORNE BLVD</b> <b>LEESBURG FL 34748</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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)(f), 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 fee empowered.

SIGNATURE: **ROBERT H WETTER** **352**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **ROBERT H WETTER** **1-27-01** **365-2149**  
Date Daytime Phone #

Please note the "D" along side each name in block 11. I hope this full fills the requirements.  
Robert Wetter

Attachment

#N9800000154244190

(attachment)

2001 UNIFORM BUSINESS REPORT (UBR)  
DOCUMENT # N98000001542

Hawthorne Memorial Post No 6389 Veterans of Foreign Wars  
Principal Place of Business Mailing address

VFW Post 6389  
Hawthorne at Leesburg,  
100 Palo Verde Dr

VFW Post 6389  
Hawthorne at Leesburg,  
100 Palo Verde Dr  
Leesburg FL 34748

ADDITIONS/CHANGES TO OFFICER AND DIRECTORS IN 10

TITLE T X ADDITION  
NAME BROOKS, WILLIAM  
ADDRESS 358 PALO VERDE DR  
CITY-ST-ZIP LEESBURG FL 34748

TITLE T X ADDITION  
NAME LEWIS, MARLOW  
ADDRESS 119 JACARANDA DR  
CITY-ST-ZIP LEESBURG FL 34748

TITLE T X ADDITION  
NAME STARKS, CHARLES  
ADDRESS 138 DOGWOOD TRAIL  
CITY-ST-ZIP LEESBURG, FL 34748

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 under oath; that I am an officer or director of the corporation or receiver or trustee empowered to execute this report as required by chapter 617, Florida Statutes; and that my name appears in block 10 or 11 if changed, or on an attachment with an address, with all other filers empowered.

SIGNATURE:  ROBERT H WETTER 3-27-01 352-365-2149