2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 01, 2001 8:00 am Secretary of State DQQUMENT # N9900002022 1. Entity Name VERO BEACH POST 3918 VETERANS OF FOREIGN WARS OF 02-01-2001 90190 006 ****61.25 Principal Place of Business Mailing Address 716 KUMQUAT RD. 716 KUMQUAT RD. VERO BCH FL 32963 VERO BCH FL 32963 2. Principal Place of Business 3. Mailing Address 10 Box 5050 1535 Old DIXIE HIGHWOG Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE فسنتوب Applied For City & State 4. FEI Number 4 ero beac Not Applicable Beac \$8.75 Additional 5. Certificate of Status Desired Indian Kiver 32960 Findion Fee Required 6.-Name and Address of Current Registered Agent. 7. Name and Address of New Registered Agent <u>40050</u> Street Address (P.O. Box Number is Not Acceptable) VAN KESSEL, MICHAEL H 716 KUMQUAT RD. VERO BCH FL 32963 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 Fiorida Jan 27 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: **\$5.00** May Be Trust Fund Contribution. **Department of State FEE IS \$61.25** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. PD f⊠ Change Addition Delete TITLE TITLE Handy J. Horan 2138 20th Ave. NAME WALKER, THOMAS NAME STREET ADDRESS STREET ADDRESS 6825 37TH ST. Vero Beach, FL C!TY-ST-ZIP CITY-ST-ZIP VERO BCH FL 32966 John E. Merchant **VDVC** Addition □ Change TITLE . TITLE Delete. HORAN, HARDY J NAME NAME 1871 Robalo Dr. STREET ADDRESS STREET ADDRESS 2138 20TH AVE Vero Beach, FL CITY-ST-7IP VERO BEACH FL 32960 CITY-ST-ZIP George T. Hoose TITLE TO Addition TITLE ☐ Delete VAN KESSEL, MICHAEL H. NAME NAME 61-9 2014 AUC 1720 STREET ADDRESS STREET ADDRESS 716 KUMQUAT RD. CITY-ST-ZIP CITY-ST-7IP VERO BCH FL 32963 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

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