

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 713710

1. Entity Name

MEMORIAL POST NO. 141, INC.

FILED
Jan 22, 2000 8:00 am
Secretary of State

01-22-2000 90009 011 ****61.25

Principal Place of Business

Mailing Address

1350 CLUBHOUSE RD.
 WEST PALM BEACH FL 33409

1350 CLUBHOUSE RD.
 WEST PALM BEACH FL 33409-6271

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6169847

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

7. Name and Address of New Registered Agent

THIBAUT, JOSEPH
2357 CLUB HOUSE DR
W. PALM BCH. FL 33409

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 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	FTDC	<input type="checkbox"/> Delete
NAME	POWELL, KENNETH L SR.	
STREET ADDRESS	2706 STARWOOD CT.	
CITY-ST-ZIP	WEST PALM BCH FL 33406	
TITLE	AS	<input type="checkbox"/> Delete
NAME	THIBAUT, JOSEPH	
STREET ADDRESS	2357 CLUBHOUSE DR.	
CITY-ST-ZIP	W. PALM BCH. FL 33409	
TITLE	FTD	<input type="checkbox"/> Delete
NAME	HALE, STANLEY	
STREET ADDRESS	932 DOGWOOD RD	
CITY-ST-ZIP	W. PALM BEACH FL 33409	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHULTIS, CHARLES E	
STREET ADDRESS	507 MONROE DR	
CITY-ST-ZIP	W. PALM BCH. FL 33405	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CAVANAUGH, THOMAS	
STREET ADDRESS	4790 ALBERTA AVE.	
CITY-ST-ZIP	W. PALM BCH. FL 33417	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Joseph Thibault **JOSEPH THIBAUT** 1-6-00 5616835216
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)