2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 29, 2001 8:00 am s Secretary of State **DOCUMENT # 717150** 1. Entity Name INDIAN ROCKS POST NO. 10094 VETERANS OF FOREIGN 01-29-2001 90020 047 ****61 25 Principal Place of Business Mailing Address 14268 WALSINGHAM RD P O BOX 133 **LARGO FL 33774** INDIAN ROCKS BEACH FL 33785 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 23-7010567 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ACKMAN, JAMES B 205 10TH AVE. INDIAN ROCKS BEACH FL 33785 EARWATER 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) FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be П Trust Fund Contribution. FEE IS \$61.25 Added to Fees **Department of State** OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE TITLE ☐ Addition ☐ Delete ☐ Change SURFACE, STEPHEN R. NAME NAME STREET ADDRESS STREET ADDRESS 13490 LAS PALMAS D CITY-ST-ZIP **LARGO FL 33774** CITY-ST-ZIP LOUIS GRIMM Change 1071 DONEGAN RD LOT 357 Ø TITLE Delete TITLE MILLER, JOHNNY NAME NAME 5325 17TH AVE S STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LARGO FC 3377/-**GULFPORT FL 33707** TDQ TITLE Delete TITI F TERENCE HOFER EWING, JOSEPH D NAME NAME 1441 Do 7501 STREET ADDRESS 604 GULF BLVD #A STREET ADDRESS 33771 CITY-ST-ZIP INDIAN ROCKS BEACH FL 33785 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ 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 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 true empowered to execute his report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receiver or trust changed, or on an attachment with an a

SIGNATURE:

ETHEN R SUNFACE 1-14-01