## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # 722440 May 26, 2000 8:00 am 1. Entity Name Secretary of State CLARENCE S. JONES POST NO. 4250, VETERANS OF FOR 05-26-2000 90097 001 \*\*\*\*61.25 Principal Place of Business Mailing Address P.O. BOX 1827 2350 SUNSET DR. NEW SMYRNA BCH. FL 32170-1827 NEW SMYRNA BEACH FL 32168 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-6161982 Not Applicable \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent EDWARD Street Address (P.O. Box Number is Not Acceptable) HALLIGAN, LAWRENCE 306 WASHINGTON ST. 146 SPRING DRIVE **NEW SMYRNA BEACH FL 32168** PORT ORANGE 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. EDWARD H. MAYNES gnature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing Make Check Payable to **FILE NOW:** \$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 10. OFFICERS AND DIRECTORS 11. COMMANDER Addition 🛣 Delete TITLE TITLE D'KEEFE ROBERT J. 816 E 19th STREET NEW SMYRNA BEACH FL. 32169 SIMBERG, OTTO NAME NAME STREET ADDRESS STREET ADDRESS 837 14TH AVE. CITY-ST-ZIP CITY-ST-7IP NEW SMYRNA BCH. FL 32168 SR. VICE CMOR. Change K Addition TITLE VP Delete TITLE COFFEY WILLIAM M 165 BRANDY HILLS DR. NAME HALLIGAN, LAWRENCE J. NAME STREET ADDRESS STREET ADDRESS 306 WASHINGTON ST. PORT DRANGE FL. 32119 CITY-ST-ZIP CITY-ST-ZIP NEW.SMYRNA BEACH FL **Addition** JR. VICE CMDR. Delete TITLE TITLE FRANKS JOHN A. STID LANCEWOOD CIRCLE N NAME WILLSEY, CLYDE E. NAME STREET ADDRESS STREET ADDRESS S. LYNN CT. PORT ORANGE FL. 32119 CITY-ST-ZIP CITY-ST-ZIP **NEW SMYRNA BCH FL 32168** QUARTMASTER. ☐ Change Addition TITLE TITI F 🐿 Delete MAYNES, EDWARD H. 146 SPRING DRIVE PORT ORANGE FL. 32119 BROWN, CHARLES H (ASST) NAME NAME STREET ADDRESS STREET ADDRESS 301 ALICE ST CITY-ST-7IP CITY-ST-ZIP EDGEWATER FL 2 YEAR TRUSTEE Delete TITLE TITLE DEW, MAURICE NAME DEW, MAURICE NAME 850 DOUGHERTY ST. STREET ADDRESS STREET ADDRESS 850 DOUGHERTY ST. NEW SMYRNA BEACH FL. 32169 CITY-ST-ZIP CITY-ST-ZIP NEW SMYRNA BCH. FL ☐ Delete TITLE NAME NAME STREET ADDRESS 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.

NATURE: ELECTIVE LETITED #. MAYNES 04-28-00 904-767-2569

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date