2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2000 8:00 am
Secretary of State
02-03-2000 90001 008 ****70.00

DOCUMENT # 729896

1. Entity Name

ENGLEWOOD POST NO. 10178, VETERANS FOR FOREIGN W

Principal Place of Business	Mailing Address
550 MCCALL RD ENGLEWOOD FL 34223 US	550 MCCALL RD ENGLEWOOD FL 34223 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 52-1664051 ☐ Applied For ☐ Not Applicable

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
WILLIAMS, FRED S. 10265 REIMS AVENUE ENGLEWOOD FL 34224	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	CMD KELCHNER, EARL M 901 BOUNDRY RD N ENGLEWOOD FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CMD August, Richard 565 Sandlor Dr Englewood, FL	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCMD HOOD, GEORGE 2556 11 ST ENGLEWOOD FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BENDER, JOHN A 950 LAMPP DR ENGLEWOOD FL 34223	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	QM WILLIAMS, FRED S. 10265 REIMS AVENUE ENGLEWOOD FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	9699 Gulfstream Blvd	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D AUGUST, RICHARD 565 SANDLOR DR ENGLEWOOD FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Holm, Sidney R 37 Calfview PL Placida, FL	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CROWELL, CECIL 1445 MANOR RD ENGLEWOOD FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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: SIGNATURE REQUIRED 1/11/00 474-7516
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #