

2002 UNIFORM BUSINESS REPORT (UBR)

1/1

FILED
Feb 25, 2002 8:00 am
Secretary of State

01-17-2002 90028 015 ****61.25

DOCUMENT # 744334

1. Entity Name

PLACID POST NO. 25, INC.

Principal Place of Business

Mailing Address

1490 US HWY 27 NORTH
LAKE PLACID FL 33852-7952

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LAKE PLACID FL 33852-7952

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

59-1927219

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PERKINS, ROGER C
1536 RUTLEDGE AV
LAKE PLACID FL 33852

Name
Richard E. Kaiser
Street Address (P.O. Box Number is Not Acceptable)
262 Loquat Rd NW
City
Lake Placid, FL Zip Code
33852

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

TITLE	DC	<input checked="" type="checkbox"/> Delete
NAME	PERKINS, ROGER C	
STREET ADDRESS	1536 RUTLEDGE AV	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE	DFO	<input checked="" type="checkbox"/> Delete
NAME	FARMER, FRED	
STREET ADDRESS	12 LAKE SIDE TRL	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE	DIPC	<input checked="" type="checkbox"/> Delete
NAME	KOUSER, RICHARD	
STREET ADDRESS	262 LOQUAT RD NW	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE	DIVC	<input checked="" type="checkbox"/> Delete
NAME	RASH, BILLY	
STREET ADDRESS	3024 MORNING GLORY DR	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE	2VC	<input checked="" type="checkbox"/> Delete
NAME	MORIAURITY, JERRY	
STREET ADDRESS	31 EDGEWATER DR W	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ENGLE, DORIS	
STREET ADDRESS	37 PINE AIRE CIRCLE	
CITY-ST-ZIP	LAKE PLACID FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	Commander	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		Richard E. Kaiser	
STREET ADDRESS		262 Loquat Rd NW	
CITY-ST-ZIP		Lake Placid, FL 33852	
TITLE	D	Finance Officer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		Robert W. Brown	
STREET ADDRESS		3006 Peach Tree Drive	
CITY-ST-ZIP		Lake Placid, FL 33852	
TITLE	D	Immediate Past Commander	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		Roger C Perkins	
STREET ADDRESS		PO Box 2618	
CITY-ST-ZIP		Sebring, FL 33870	
TITLE	D	2nd Vice Commander	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		Mary Marbo	
STREET ADDRESS		305 Cloverleaf Rd.	
CITY-ST-ZIP		Lake Placid, FL 33852	
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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN - 7 2002 (863) 465-0975

Date

Daytime Phone #

CR2E037 (9/01)