

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90022 023 ****61.25

DOCUMENT # 752974

1. Entity Name

MICCO POST 4425, VETERANS OF FOREIGN WARS OF THE

Principal Place of Business

Mailing Address

VFW POST 4425
 BAREFOOT BAY FL 32976
 US

VFW POST 4425
 PO BOX 770-102
 BAREFOOT BAY FL 32976
 US

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 **59-1905860**

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

ROBERT P FITZGERALD
913 SW CASHEW CIR
BAREFOOT BAY FL 32976

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	D	<input type="checkbox"/> Delete
NAME	ROBERT P FITZGERALD	
STREET ADDRESS	913 SW CASHEW CIR	
CITY-ST-ZIP	BAREFOOT BAY, FL 32976	
TITLE	D	<input type="checkbox"/> Delete
NAME	EUGENE J HENRY	
STREET ADDRESS	716 AMARYLLIS DR	
CITY-ST-ZIP	BAREFOOT BAY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BABECKI, ALFRED J	
STREET ADDRESS	915 HEMLOCK ST.	
CITY-ST-ZIP	BAREFOOT BAY FL 32976	
TITLE	D	<input type="checkbox"/> Delete
NAME	RICHARD G HIGGINS	
STREET ADDRESS	1169 W BAREFOOT CIR	
CITY-ST-ZIP	BAREFOOT BAY, FL 32976	
TITLE	D	<input type="checkbox"/> Delete
NAME	RILEY, CORNELIUS T	
STREET ADDRESS	635 E HYACINTH CIR	
CITY-ST-ZIP	BAREFOOT BAY, FL 32976	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WILLIAM J HULSART	
STREET ADDRESS	717 N GLADIOLUS DR	
CITY-ST-ZIP	BAREFOOT BAY FL	

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	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID E MC ALLISTER
STREET ADDRESS	1231 CALUSA DRIVE
CITY-ST-ZIP	BAREFOOT BAY FL 32976

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:

Robert P. Fitzgerald

FEB 22 2001 561-664 4158

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E087 (10/00)