

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90009 001 ***300.00

DOCUMENT # N04702

1. Entity Name

CLINE-PAUTSCH-KOTT POST 164, INC.

Principal Place of Business

571 WEST OCEAN AVE
 PO BOX 1018
 BOYNTON BEACH FL 33426-4384

Mailing Address

571 WEST OCEAN AVE
 PO BOX 1018
 BOYNTON BEACH FL 33426-4384

2. Principal Place of Business

571 W. OCEAN AVE

3. Mailing Address

1018 - P.O. BOX

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOYNTON BEACH

City & State

BOYNTON BEACH

4. FEI Number

05-9620073

Applied For

Not Applicable

Zip

33426

Country

USA

Zip

33425

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WORK, MARTIN J
1174 SW 27TH PLACE
BOYNTON BEACH FL 33426

7. Name and Address of New Registered Agent

Name **DAVID A. SILVA**

Street Address (P.O. Box Number is Not Acceptable)

9762 KAMENA CIRCLE

City

BOYNTON BEACH FL

Zip Code

33436

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

David A. Silva **DAVID A. SILVA COMMANDER 1-7-00**

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	P	<input checked="" type="checkbox"/> Delete
NAME	LAGASSEE, RICHARD	
STREET ADDRESS	5128 ARBOR GLEN CIRCLE	
CITY-ST-ZIP	LAKE WORTH FL 33463	
TITLE	D	<input type="checkbox"/> Delete
NAME	CASSIDY, DANIEL	
STREET ADDRESS	419 W. OCEAN AVENUE	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	S	<input type="checkbox"/> Delete
NAME	HODGSON, THOMAS	
STREET ADDRESS	2400 SPRINGDALE BLVD	
CITY-ST-ZIP	PALM SPRINGS FL 33461	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SWEENEY, ROBERT J	
STREET ADDRESS	52009 FLOINADA BAY	
CITY-ST-ZIP	BOYNTON BEACH FL 33436-1959	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	O'CONNELL, RAYMOND	
STREET ADDRESS	1017 S.W. 27TH AVENUE	
CITY-ST-ZIP	BOYNTON BCH FL 33426	
TITLE	T.	<input checked="" type="checkbox"/> Delete
NAME	WORK, MARTIN J	
STREET ADDRESS	1174 SW 27TH PLACE	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRES.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID A. SILVA	
STREET ADDRESS	9762 KAMENA CIRCLE	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME	
STREET ADDRESS	SAME	
CITY-ST-ZIP	SAME	
TITLE	SECT.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME	
STREET ADDRESS	SAME	
CITY-ST-ZIP	SAME	
TITLE	VICE PRES.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREDERICK WIES	
STREET ADDRESS	6334 SOUTH ELM LANE	
CITY-ST-ZIP	LANTANA FL. 33462	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN J. WORK	
STREET ADDRESS	1174 SW 27TH PLACE	
CITY-ST-ZIP	BOYNTON BEACH 33426	
TITLE	TREAS.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES MINIERI	
STREET ADDRESS	632 SNUG HARDOR DR. #D15	
CITY-ST-ZIP	BOYNTON BEACH FL. 33435	

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:

David A. Silva

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-00 561 7333 355

Date

Daytime Phone #

CR2E037 (9/99)