

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2000 8:00 am**  
**Secretary of State**

05-23-2000 90241 037 \*\*\*\*61.25

**DOCUMENT # N46605**

1. Entity Name

**SPECTRE, POST 11367, VETERANS OF FOREIGN WARS OF**

Principal Place of Business

Mailing Address

3050 HIGHWAY 98 WEST  
 MARY ESTHER FL 32569

3050 HIGHWAY 98 WEST  
 MARY ESTHER FL 32569-1368

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3082264**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**STEWART A. LETSON**  
**506 E. HOLLY WOOD BLVD**  
**MARY ESTHER FL 32569**

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**  Delete  
 NAME **CHAREST, JOSEPH S**  
 STREET ADDRESS **402 SKY LARK RD.**  
 CITY-ST-ZIP **MARY ESTHER FL 32569**

TITLE **D**  Change  Addition  
 NAME **FISH, ROBERT C**  
 STREET ADDRESS **108 DOLPHIN RD**  
 CITY-ST-ZIP **MARY ESTHER, FL 32569.**

TITLE **CD**  Delete  
 NAME **LETSON, STEWART A**  
 STREET ADDRESS **506 E. HOLLYWOOD BLVD.**  
 CITY-ST-ZIP **MARY ESTHER FL 32569**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **TD**  Delete  
 NAME **LAUBSCH, HARTWELL M**  
 STREET ADDRESS **311 A NICEVILLE AVE.**  
 CITY-ST-ZIP **NICEVILLE FL 32578**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **KICK, MANFRED G**  
 STREET ADDRESS **2452 HOUSTON CIR.**  
 CITY-ST-ZIP **GULF BREEZE FL 32561**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  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 supplementary 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:

**MANFRED G. KICK, JR.** *Manfred G. Kick, Jr.* **01 May 2000** **850-581-0479**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)