

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 769153

1. Entity Name

FRANK MARSTON POST 33, INCORPORATED, THE AMERICA

Principal Place of Business

1401 W INTENDENCIA ST.
P O BOX 504
PENSACOLA FL 32593-7504

Mailing Address

1401 W INTENDENCIA ST.
P O BOX 504
PENSACOLA FL 32593-0504

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

59-6200799

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

PELS, ED
1114 W LAKEVIEW AVE
PENSACOLA FL 32501

Name

Douglas M. BULASEN

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

1725 E. CERVANTES ST

PENS.

City PENSACOLA

FL

Zip Code

32501

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

Douglas M. Bulasen

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	PC	<input type="checkbox"/> Delete
NAME	PELS, ED	
STREET ADDRESS	1114 W. LAKEVIEW AVE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MARKIN, CHARLES	
STREET ADDRESS	3010 W. MICHIGAN AVE&	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LEE, HALL	
STREET ADDRESS	4405 MCCLELLAN RD.	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	VCD	<input checked="" type="checkbox"/> Delete
NAME	BAKER, WILLIAM	
STREET ADDRESS	116 W. GONZALEZ ST	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BREEZE, BERNARD	
STREET ADDRESS	33 ADKINSON DR	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FOREHAND, CHARLES D	
STREET ADDRESS	3211 PATRICIA DR	
CITY-ST-ZIP	PENSACOLA FL	

TITLE	PC	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BULASEN, DOUGLAS	
STREET ADDRESS	1725 E. CERVANTES ST	
CITY-ST-ZIP	PENSACOLA, FL 32501	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN DEESE	
STREET ADDRESS	210 SOUTH SECOND ST	
CITY-ST-ZIP	PENSACOLA, FL 32504	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PELS, ED	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1114 W. LAKEVIEW AVE	
STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 32501	
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		

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:

Douglas M. Bulasen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-2000

Date

850-469-0517

Daytime Phone #

CR2E037 (9/99)

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90110 046 ****61.25



DO NOT WRITE IN THIS SPACE