2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 753335

1. Entity Name

SIGNATURE:

SEBRING MEMORIAL POST 4300 VETERANS OF FOREIGN W

Principal Place of Business 2011 S.E. LAKEVIEW DRIVE SEBRING FL 33871-0127 Mailing Address

COLLEGE MAKENER PROPERTY CONTRACTOR CONTRACT PO BOX 127 SEBRING FL 33871-0127

FILED May 17, 2000 8:00 am Secretary of State

03-02-2000 90178 027 ****70.00



DO NOT WRITE IN THIS SPACE

SEBRING FL		SEBRING FL			4. FEI Number 59-0587047			Applied For Not Applicable	
33872	Country	33876	HIGHLE	WOS		of Status Desired		8.75 Additi ee Required	ional
•	- No.	7. Name and Address of New Registered Agent							
	Nam-	DAVIS JOHN- W. JRO							
LUTHRINGER, JOHN 3019 VILLA RD SEBRING FL 33870				Stree Boless (P.O. Box Sumber is No. Acceptable) - DR- City SEBRING FL 33870					
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 John W. Davis JR									
FILE NOW: 9. Election Campaign Financia FEE IS \$61.25 Trust Fund Contribution.				\$5.0 Added	D May Be to Fees		lake Check F Department		
10.	OFFICERS AND DIR	ECTORS	11.	٨	DDITIONS/CH	ANGES TO OFF	ICERS AND DIF	RECTORS IN	
STREET ADDRESS 2	: OKER, JAMES A 953 PARADISE PATH EBRING FL 33870	Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	WIL WIL SE	HAMS A ALA SRING	DAYI	_	Change	Addition 6
TITLE V NAME STREET ADDRESS 1	C Stone, george 918 Beach Dr Bebring FL:33870	Delete	TIFLE NAME STREET ADDRE CITY-ST-ZIP	Gig	SON, I	LESUE 65 65 83	211	Change	☐ Addition C
TITLE V NAME V STREET ADDRESS 2	VATSON, ROGER 2124 BAYVIEW ST BEBRING FL 33870	Delete	TITLE " NAME STREET ADDR		SANTA	NICK	₩. 3 <i>76</i>)	Change	☐ Addition
NAME F STREET ADDRESS 3		Delata	TITLE NAME STREET ADDR CITY-ST-ZIP	06 35 55	OSCURI BURN ODUDI BRING	ANA A	ZOLD ZOTO		☐ Addition
TITLE NAME STREET ADDRESS	SCHMIDT, GIL SCHMIDT, GIL 3818 SUNBIRD CT SEBRING FL 33872	Delete	NAME STREET ADDR	Tko:	Touch	FRAN	KC.	Change	Addition
TITLE NAME STREET ADDRESS	T Huber, Myrtle 1300 Persimmon CT APT 24 Sebring FL 33870	Deløte	TITLE NAME STREET ADDR CITY-ST-ZIP	- 1		PEN	-,	☐ Change	☐ Addition
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 additional with all gither the empowered.									