

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90049 036 ****61.25

DOCUMENT # N04702

1. Entity Name

CLINE-PAUTSCH-KOTT POST 164, INC.

Principal Place of Business

571 WEST OCEAN AVE
 BOYNTON BEACH FL 33425
 US

Mailing Address

PO BOX 1018
 BOYNTON BEACH FL 33425
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

05-9620073

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

SILVA, DAVID A
 9762 KAMENA CIRCLE
 BOYNTON BEACH FL 33436

Name **RICK LAGASSE**

Street Address (P.O. Box Number is Not Acceptable)
5128 ARBOR GLEN CIR.

City **LAKE WORTH**

FL

Zip Code **33463**

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 **RICK LAGASSE - PRESIDENT**

Rick Lagasse

4-16-01

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 ☒ Delete
 NAME **P**
 STREET ADDRESS **SILVA, DAVID A**
 CITY-ST-ZIP **9762 KAMENA CIRCLE**
BOYNTON BEACH FL 33436

TITLE ☐ Change ☒ Addition
 NAME **P**
 STREET ADDRESS **RICK LAGASSE**
 CITY-ST-ZIP **5128 ARBOR GLEN CIR.**
LAKE WORTH, FL. 33463

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **CASSIDY, DANIEL**
 CITY-ST-ZIP **419 W. OCEAN AVENUE**
BOYNTON BEACH FL 33435

TITLE ☐ Change ☐ Addition
 NAME **D**
 STREET ADDRESS **CASSIDY, DANIEL**
 CITY-ST-ZIP **419 W. OCEAN AVENUE**
BOYNTON BEACH FL 33435

TITLE ☐ Delete
 NAME **S**
 STREET ADDRESS **HODGSON, THOMAS**
 CITY-ST-ZIP **2400 SPRINGDALE BLVD**
PALM SPRINGS FL 33461

TITLE ☐ Change ☐ Addition
 NAME **S**
 STREET ADDRESS **HODGSON, THOMAS**
 CITY-ST-ZIP **2400 SPRINGDALE BLVD**
PALM SPRINGS FL 33461

TITLE ☒ Delete
 NAME **V**
 STREET ADDRESS **WIES, FREDERICK**
 CITY-ST-ZIP **6334 S ELM LANE**
LANTANA FL 33462

TITLE ☐ Change ☒ Addition
 NAME **V**
 STREET ADDRESS **RICHARD PRINCE**
 CITY-ST-ZIP **334 NW. 7th CT**
BOYNTON BEACH, FL 33426

TITLE ☒ Delete
 NAME **D**
 STREET ADDRESS **WORK, MARTIN J**
 CITY-ST-ZIP **1174 SW 27TH PLACE**
BOYNTON BCH FL 33426

TITLE ☐ Change ☒ Addition
 NAME **D**
 STREET ADDRESS **FRED LANIER**
 CITY-ST-ZIP **12375 S. MILITARY TRL #121**
BOCA RATON, FL 33486

TITLE ☒ Delete
 NAME **T**
 STREET ADDRESS **MINIERI, JAMES**
 CITY-ST-ZIP **632 SNUG HARBOR DR #D-15**
BOYNTON BEACH FL 33435

TITLE ☐ Change ☒ Addition
 NAME **T**
 STREET ADDRESS **MARTIN WORK**
 CITY-ST-ZIP **1174 SW 27th AVE**
BOYNTON BEACH FL, 33426

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: **MARTIN WORK REQUIRED** *Martin Work*

(561) 736-0872

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)