

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N04702

1. Entity Name

CLINE-PAUTSCH-KOTT POST 164, INC.

FILED
Jan 14, 2002 8:00 am
Secretary of State

01-14-2002 90052 047 ****61.25

Principal Place of Business

Mailing Address

571 WEST OCEAN AVE
BOYNTON BEACH FL 33425
US

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

Zip

Country

Zip

Country

4. FEI Number

05-9620073

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

LAGASSE, RICK
5128 ARBOR GLEN CIR.
LAKE WORTH FL 33463

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
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

P
LAGASSE, RICK
5128 ARBOR GLEN CIR.
LAKE WORTH FL 33463

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

D
CASSIDY, DANIEL
419 W. OCEAN AVENUE
BOYNTON BEACH FL 33435

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

S
HODGSON, THOMAS
2400 SPRINGDALE BLVD
PALM SPRINGS FL 33461

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

V
PRINCE, RICHARD
334 NW 7TH CT
BOYNTON BEACH FL 33426

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

D
LANIER, FRED
12375 S. MILITARY TRAIL, #121
BOCA RATON FL 33486

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

T
WORK, MARTIN
11745 W 27TH AVE.
BOYNTON BEACH FL 33426

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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 address, with all other like empowered.

SIGNATURE:

Richard Prince
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-02

Date

Daytime Phone #

CR2E037 (9/01)