

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 30, 2003 8:00 am**  
**Secretary of State**

01-30-2003 90154 020 \*\*\*\*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**

**Zip**

**Country**

**Zip**

**Country**

**33426**

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

**Name**  
**NEMES, WILLIAM K.**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**10760 ROYAL CARIBBEAN CIR.**  
**BOYNTON BEACH**  
**City**  
**FL** **Zip Code**  
**33437**

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** *William K. Nemes*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**01/25/2003**

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**  
**Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

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

**TITLE** **P** ☐ Change ☒ Addition  
**NAME** **NEMES, WILLIAM K.**  
**STREET ADDRESS** **10760 ROYAL CARIBBEAN CIR.**  
**CITY-ST-ZIP** **BOYNTON BEACH, FL. 33437**

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

**TITLE** **D** ☐ Change ☒ Addition  
**NAME** **MOWRY, BRUCE A.**  
**STREET ADDRESS** **51012 GALINA BAY**  
**CITY-ST-ZIP** **BOYNTON BEACH, FL 33436-1974**

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

**TITLE** **S** ☒ Change ☐ Addition  
**NAME** **HODGSON THOMAS L.**  
**STREET ADDRESS** **5301 CEDAR LAKE RD. APT 9-112**  
**CITY-ST-ZIP** **BOYNTON BEACH, FL. 33437**

**TITLE** **V** ☒ Delete  
**NAME** **PRINCE, RICHARD**  
**STREET ADDRESS** **334 NW 7TH CT**  
**CITY-ST-ZIP** **BOYNTON BEACH FL 33426**

**TITLE** **V** ☐ Change ☒ Addition  
**NAME** **LAWRENCE W. LAW**  
**STREET ADDRESS** **1197 S. DRIVE WAY #B**  
**CITY-ST-ZIP** **DELRAY BEACH, FL 33445-2935**

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

**TITLE** **D** ☐ Change ☒ Addition  
**NAME** **SILVA, DAVID A.**  
**STREET ADDRESS** **9762 KAMENA CIR.**  
**CITY-ST-ZIP** **BOYNTON BEACH, FL 33436**

**TITLE** **T** ☐ Delete  
**NAME** **WORK, MARTIN**  
**STREET ADDRESS** **11745 W 27TH AVE.**  
**CITY-ST-ZIP** **BOYNTON BEACH FL 33426**

**TITLE** **T** ☐ 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 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:** *Thomas L. Hodgson*

**1-15-03 561-734-8125**

CR2E037 (10/02)