

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 709778

1. Entity Name

MIRACLE STRIP POST NO. 264, INC.

**FILED**  
**Jan 27, 2000 8:00 am**  
**Secretary of State**

01-27-2000 90092 010 \*\*\*\*61.25

Principal Place of Business	Mailing Address
LEGION HALL HWY. C393 NO. P.O. BOX 1182 SANTA ROSA BCH. FL 32459	LEGION HALL HWY. C393 NO. P.O. BOX 1182 SANTA ROSA BCH. FL 32459-1182

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	Applied For
59-6164864	Not Applicable

5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BISHOP, VERNON R. BISHOP-TOLBERT ROAD SANTA ROSA BEACH FL 32459	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 \_\_\_\_\_ (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																								
<table><tr><td>TITLE</td><td>P</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>BARNARD, RALPH P</td><td></td></tr><tr><td>STREET ADDRESS</td><td>72 SARA CIRCLE</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>SANTA ROSA BCH, FL 00000</td><td></td></tr></table>	TITLE	P	<input type="checkbox"/> Delete	NAME	BARNARD, RALPH P		STREET ADDRESS	72 SARA CIRCLE		CITY-ST-ZIP	SANTA ROSA BCH, FL 00000		<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete																							
NAME	BARNARD, RALPH P																								
STREET ADDRESS	72 SARA CIRCLE																								
CITY-ST-ZIP	SANTA ROSA BCH, FL 00000																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table><tr><td>TITLE</td><td>D</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>COON, RUSS</td><td></td></tr><tr><td>STREET ADDRESS</td><td>191 TWISTED PINE TRAIL</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>SANTA ROSA BEACH FL</td><td></td></tr></table>	TITLE	D	<input type="checkbox"/> Delete	NAME	COON, RUSS		STREET ADDRESS	191 TWISTED PINE TRAIL		CITY-ST-ZIP	SANTA ROSA BEACH FL		<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete																							
NAME	COON, RUSS																								
STREET ADDRESS	191 TWISTED PINE TRAIL																								
CITY-ST-ZIP	SANTA ROSA BEACH FL																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table><tr><td>TITLE</td><td>D</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>SMITH, CHESTER</td><td></td></tr><tr><td>STREET ADDRESS</td><td>330 THOMPSON RD</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>SANTA ROSA BEACH FL</td><td></td></tr></table>	TITLE	D	<input type="checkbox"/> Delete	NAME	SMITH, CHESTER		STREET ADDRESS	330 THOMPSON RD		CITY-ST-ZIP	SANTA ROSA BEACH FL		<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete																							
NAME	SMITH, CHESTER																								
STREET ADDRESS	330 THOMPSON RD																								
CITY-ST-ZIP	SANTA ROSA BEACH FL																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table><tr><td>TITLE</td><td>D</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>DOWNS, ALVIS I JR</td><td></td></tr><tr><td>STREET ADDRESS</td><td>100 LORAL RD</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>SANTA ROSA BEACH FL</td><td></td></tr></table>	TITLE	D	<input type="checkbox"/> Delete	NAME	DOWNS, ALVIS I JR		STREET ADDRESS	100 LORAL RD		CITY-ST-ZIP	SANTA ROSA BEACH FL		<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete																							
NAME	DOWNS, ALVIS I JR																								
STREET ADDRESS	100 LORAL RD																								
CITY-ST-ZIP	SANTA ROSA BEACH FL																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table><tr><td>TITLE</td><td>TD</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>BISHOP, VERNON(FIN-OFF)</td><td></td></tr><tr><td>STREET ADDRESS</td><td>714 BISHOP-TOLBERT RD</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>SANTA ROSA BCH, FL 00000</td><td></td></tr></table>	TITLE	TD	<input type="checkbox"/> Delete	NAME	BISHOP, VERNON(FIN-OFF)		STREET ADDRESS	714 BISHOP-TOLBERT RD		CITY-ST-ZIP	SANTA ROSA BCH, FL 00000		<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete																							
NAME	BISHOP, VERNON(FIN-OFF)																								
STREET ADDRESS	714 BISHOP-TOLBERT RD																								
CITY-ST-ZIP	SANTA ROSA BCH, FL 00000																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table><tr><td>TITLE</td><td>S</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>CHILDERS, BILLY G</td><td></td></tr><tr><td>STREET ADDRESS</td><td>613 EDEN DR</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>SANTA ROSA BCH FL</td><td></td></tr></table>	TITLE	S	<input type="checkbox"/> Delete	NAME	CHILDERS, BILLY G		STREET ADDRESS	613 EDEN DR		CITY-ST-ZIP	SANTA ROSA BCH FL		<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete																							
NAME	CHILDERS, BILLY G																								
STREET ADDRESS	613 EDEN DR																								
CITY-ST-ZIP	SANTA ROSA BCH FL																								
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: VERNON BISHOP SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: 1-24-2000 Daytime Phone #: 850-267-2459