

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 09, 2001 8:00 am
Secretary of State
 03-09-2001 90007 002 ****61.25

DOCUMENT # 709778

1. Entity Name

MIRACLE STRIP POST NO. 264, INC.

Principal Place of Business

LEGION HALL HWY. C393 NO.
 P.O. BOX 1182
 SANTA ROSA BCH. FL 32459

Mailing Address

LEGION HALL HWY. C393 NO.
 P.O. BOX 1182
 SANTA ROSA BCH. FL 32459

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

59-6164864

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

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

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 **P** ☐ Delete
 NAME **BARNARD, RALPH P**
 STREET ADDRESS **72 SARA CIRCLE**
 CITY-ST-ZIP **SANTA ROSA BCH, FL 00000**

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

TITLE **D** ☐ Delete
 NAME **COON, RUSS**
 STREET ADDRESS **191 TWISTED PINE TRAIL**
 CITY-ST-ZIP **SANTA ROSA BEACH FL**

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

TITLE **D** ☐ Delete
 NAME **SMITH, CHESTER**
 STREET ADDRESS **330 THOMPSON RD**
 CITY-ST-ZIP **SANTA ROSA BEACH FL**

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

TITLE **D** ☐ Delete
 NAME **DOWNS, ALVIS I JR**
 STREET ADDRESS **100 LORAL RD**
 CITY-ST-ZIP **SANTA ROSA BEACH FL**

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

TITLE **TD** ☐ Delete
 NAME **BISHOP, VERNON(FIN-OFF)**
 STREET ADDRESS **714 BISHOP-TOLBERT RD**
 CITY-ST-ZIP **SANTA ROSA BCH, FL 00000**

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

TITLE **S** ☐ Delete
 NAME **CHILDERS, BILLY G**
 STREET ADDRESS **613 EDEN DR**
 CITY-ST-ZIP **SANTA ROSA BCH FL**

TITLE ☐ 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: *VERNON R BISHOP*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-25-01

850-267-2459

Date

Daytime Phone #

CR2E037 (10/00)