

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 713652

1. Entity Name

WAKULLA COUNTY MEMORIAL POST NO. 4538 VETERANS O

Principal Place of Business

Mailing Address

460 COASTAL HWY
PANACEA FL 32346

P.O. BOX 632
PANACEA FL 32346-0632

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

NOT APPLICABLE

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

ROBERTSON, JAMES W
38 ROBERTS ST.
SOPCHOPPY FL 32358

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 C ☐ Delete
NAME TAYLOR, JAMES
STREET ADDRESS 70 ST. JAMES ST.
CITY-ST-ZIP PANACEA FL 32346

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

TITLE T ☐ Delete
NAME PAYNE, CHARLES
STREET ADDRESS 45 BURTS BRANCH
CITY-ST-ZIP SOPCHOPPY FL 32358

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

TITLE SVC ☐ Delete
NAME PEAK, NORMAN
STREET ADDRESS 314 FRANK JONES RD
CITY-ST-ZIP CRAWFORDVILLE FL 32327

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

TITLE JVC ☒ Delete
NAME METZLER, THEODORE
STREET ADDRESS 41 WAKULLA CR.
CITY-ST-ZIP PANACEA FL 32346

TITLE JVC ☐ Change ☐ Addition
NAME WATHEN, CARLTON L
STREET ADDRESS P.O. Box 562
CITY-ST-ZIP Carrabelle, FL 32322

TITLE T ☐ Delete
NAME THORTON, MAX C
STREET ADDRESS 59 W. CHATTAHOOCHEE
CITY-ST-ZIP PANACEA FL 32346

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

TITLE T ☐ Delete
NAME WHALEY, NAT R
STREET ADDRESS 100 PURIFY BAY RD.
CITY-ST-ZIP CRAWFORDVILLE FL 32327

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES G. TAYLOR

Date

Daytime Phone #

01-25-00 984-5433

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90210 010 ****70.00



DO NOT WRITE IN THIS SPACE