

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 21, 2001 8:00 am  
Secretary of State

02-21-2001 90027 035 \*\*\*\*61.25

003417

DOCUMENT # 720819

1. Entity Name

HAROLD C. BUCK MEMORIAL POST NO. 4254 VETERANS O

Principal Place of Business

10972 K-9 DRIVE  
BONITA SPRINGS FL 34135

Mailing Address

10972 K-9 DRIVE  
BONITA SPRINGS FL 34135

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-6162501

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HOLDEN, MARK  
10972 K-9 DR  
BONITA SPRINGS FL 34135

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	<input type="checkbox"/> Delete C HOLDEN, MARK 10972 K-9 DR BONITA SPRINGS FL 34135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete Q TERRY, BERNARD 18405 HEPATICA RD FORT MYERS FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete T CLARK, ROY 27220 FELTS AVE BONITA SPRINGS FL 34135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D HASTY, AVERY 10972 K-9 DR BONITA SPRINGS FL 34135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete T GARRET, HAPP 10972 K-9 DR BONITA SPRINGS FL 34135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete T OVERLRO, MICHEAL 26065 PRINCESS LN. BONITA SPRINGS FL 34135

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

2-15-01 941-992-8642