2001 UNIFORM BUSINESS REPORT (UBR)

Feb 19, 2001 8:00 am **DOCUMENT # 721959 Secretary of State** 1. Entity Name SALT SPRINGS POST NO. 10208, VETERANS OF FOREIGN 02-19-2001 90037 018 ****70.00 Principal Place of Business Mailing Address 23498 NE HWY 314 P.O. BOX 5009 SALT SPRINGS FL 32134 SALT SPRINGS FL 32134 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 23-7146123 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) KRIM, FRED J. **1831 SE 4TH AVE** OCALA FL 32670 City 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) Make Check Payable to **FILE NOW:** 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE X Delete TITLE Change ☐ Addition PINKSTON, EDWARD R DOSS, WILLIAM A. 163 TO LANE NAME NAME 14940 NE 214TH CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT. MCCOY FL CITY-ST-ZIP ET. Mc COY FL SVD ☐ Addition ☐ Delete ☐ Change TITLE TITLE WELLS, F L NAME NAME PO BOX 5343 STREET ADDRESS STREET ADDRESS SANT SPRINGS FL 34134 CITY-ST-ZIP CITY-ST-ZIP QMD QMD Change Addition TITLE X Delete TITLE PATTERSON, BERT A. 15388 N.E. 236 TH AVE THOMPSON, HANTER D NAME NAME 13686 NE 738 CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SANT SPRINGS FL 32134 CITY-ST-ZIP SPRINCS FL 3213F TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Davime F

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 attachme

SIGNATURE