

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2001 8:00 am
Secretary of State

01-08-2001 90067 049 ****70.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # 722832
 1. Entity Name
BASS CAPITAL POST NO. 10177, VETERANS OF FOREIGN

Principal Place of Business
461 OLD HWY 17
VFW POST 10177
CRESCENT CITY FL 32112

Mailing Address
~~OLD HIGHWAY 17~~
VFW POST 10177 P.O. BOX 264
CRESCENT CITY FL 32112

2. Principal Place of Business
461 OLD HWY 17
 Suite, Apt. #, etc.
VFW POST 10177
 City & State
CRESCENT CITY FL.
 Zip
32112
 Country
FLORIDA

3. Mailing Address
VFW POST 10177
 Suite, Apt. #, etc.
P.O. BOX 264
 City & State
CRESCENT CITY, FLA.
 Zip
32112
 Country
FLORIDA

4. FEI Number **23-7141519** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
REESE, ROBERT G
228 PALM AVE
CRESCENT CITY FL 32112

7. Name and Address of New Registered Agent
 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 *Robert G. Reese* **ROBERT G. REESE** **03 January 2001**
 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

TITLE	T	<input type="checkbox"/> Delete
NAME	BERRY, ALAN L	
STREET ADDRESS	2609 GULF DR	
CITY-ST-ZIP	PALATKA FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	MALINE, JOSEPH F	
STREET ADDRESS	202 OSCEOLA ROAD	
CITY-ST-ZIP	GEORGETOWN FL	
TITLE	TR	<input type="checkbox"/> Delete
NAME	SIMMONS, CARL	
STREET ADDRESS	19 CEDAR STREET	
CITY-ST-ZIP	CRESCENT CITY FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	REESE, ROBERT	
STREET ADDRESS	228 PALM AVE	
CITY-ST-ZIP	CRESCENT CITY FL 32112	
TITLE	S	<input type="checkbox"/> Delete
NAME	CLYBURN, LLOYD E.	
STREET ADDRESS	110 PEGGY LANE	
CITY-ST-ZIP	GEORGETOWN FL	
TITLE	TR	<input type="checkbox"/> Delete
NAME	BONAPARTE, JASPER	
STREET ADDRESS	205 DENER RD	
CITY-ST-ZIP	CRESCENT CITY FL 32112	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 the empowered.

SIGNATURE: *Robert G. Reese* **ROBERT G. REESE** **03 January 2001**
 Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (10/00)