

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 14, 2001 8:00 am
Secretary of State

05-14-2001 90103 042 ****61.25

DOCUMENT # 723090

1. Entity Name

MOORE MOLANDER NORTH POST NO. 9726, VETERANS OF

Principal Place of Business

**350 S.VOLUSIA AVENUE
PO BOX 750
PIERSON FL 32180-2813**

Mailing Address

**350 S.VOLUSIA AVENUE
PO BOX 596
PIERSON FL 32180-2813**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

PO BOX 596

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-6162562

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

**ZIEBARTH, EARL W JR.
250 CARLISLE LANE
PO BOX 417
PIERSON FL 32180**

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 **ZIEBARTH, EARL W JR**
STREET ADDRESS **250 CARLISLE LANE**
CITY-ST-ZIP **PIERSON FL**

TITLE **P** ☒ Change ☒ Addition
NAME **WARD, WALTER E.**
STREET ADDRESS **448 SHAW LAKE RD**
CITY-ST-ZIP **PIERSON, FL 32180**

TITLE **D** ☐ Delete
NAME **HALLMAN, HOLLIS W**
STREET ADDRESS **672 VANNOTE RD**
CITY-ST-ZIP **PIERSON FL**

TITLE **VP** ☒ Change ☒ Addition
NAME **HALLMAN HOLLIS W**
STREET ADDRESS **672 VANNOTE RD**
CITY-ST-ZIP **PIERSON, FL 32180**

TITLE **ST** ☒ Delete
NAME **HANSEN, DANIEL L**
STREET ADDRESS **436 EMPORIA RD**
CITY-ST-ZIP **PIERSON FL**

TITLE **ST** ☒ Change ☒ Addition
NAME **ZIEBARTH EARL W JR**
STREET ADDRESS **250 CARLISLE LN**
CITY-ST-ZIP **PIERSON, FL 32180**

TITLE **VP** ☒ Delete
NAME **CARTER, BILLY**
STREET ADDRESS **994 SHAWLAKE RD.**
CITY-ST-ZIP **PIERSON FL**

TITLE **D** ☐ Change ☒ Addition
NAME **SMITH, JULIAS C.**
STREET ADDRESS **272 E 1ST AVE**
CITY-ST-ZIP **PIERSON FL 32180**

TITLE **D** ☐ Delete
NAME **BLACKBURN, WILLIAM J**
STREET ADDRESS **BLACKBURN ROAD**
CITY-ST-ZIP **PIERSON FL**

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

TITLE **D** ☒ Delete
NAME **WARD, WALTER E**
STREET ADDRESS **448 SHAW LAKE RD**
CITY-ST-ZIP **PIERSON FL 32180**

TITLE **D** ☐ Change ☒ Addition
NAME **RAINWATER, WILSON**
STREET ADDRESS **405 N PINE STREET**
CITY-ST-ZIP **PIERSON, FL 32180**

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:

EARL W ZIEBARTH JR

Date

30 APR 01

Daytime Phone #

904 749 2351

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)