

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 726333

1. Entity Name

ANNA MARIA ISLAND POST NO. 8199, VETERANS OF FOR

FILED
Mar 07, 2001 8:00 am
Secretary of State

03-07-2001 90804 010 ****61.25

Principal Place of Business

201 2ND ST.
BRADENTON BEACH FL 34217
US

Mailing Address

P.O BOX 1669
ANNA MARIA FL 34216 **DELETE**
US

2. Principal Place of Business

SAME AS ABOVE

3. Mailing Address

PO BOX 14

Suite, Apt. #, etc.

Suite, Apt. #, etc.

BRADENTON BEACH

City & State

City & State

FL

Zip

Country

Zip

34217

Country

USA

4. FEI Number

59-6162553

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

DEVANE, ROBERT E
2206 AVE C
BRADENTON BEACH, FL 34217

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

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 **PDC** ☐ Delete
NAME **WIXELBAUM, MORT**
STREET ADDRESS **4007 COCOANUT TERR**
CITY-ST-ZIP **BRADENTON FL 34210**

TITLE **MDT** ☐ Delete
NAME **SCHERER, HERBERT**
STREET ADDRESS **6700 HOLMES BLVD**
CITY-ST-ZIP **HOLMES BEACH FL**

TITLE **D** ☐ Delete
NAME **DEVANE, ROBERT E**
STREET ADDRESS **2206 AVE C**
CITY-ST-ZIP **HOLMES BEACH FL 34217 BRADENTON BEACH FL**

TITLE **MD** ☒ Delete
NAME **CADY, ALBERT E**
STREET ADDRESS **220 GLADIOUS ST**
CITY-ST-ZIP **ANA MARIA FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☐ Change ☒ Addition
NAME **MD G WAYNE ARNOLD**
STREET ADDRESS **604 MADREZUMA**
CITY-ST-ZIP **BRADENTON, FL 34209**

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

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 **ROBERT E DEVANE** REC **Robert E Devane** **941-778-4400**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date **03/05/01**

CR2E037 (10/00)