2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2000 8:00 am
Secretary of State
01-18-2000 90012 044 ****75.00

DOCUMENT # 726448

1. Entity Name

CHESTER MCKAY POST NO. 7987, VETERANS OF FOREIGN

Principal Place of Business	Mailing Address
7445 CHESTER MCKAY DRIVE NEW PORT RICHEY FL 34655	7445 CHESTER MCKAY DRIVE NEW PORT RICHEY FL 34655-3435

600337

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7445 Chester McKay Drive	7445 Chester McKay Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
New Port Richey Fl 34655	New Port Richey Fl 34655
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-6162539 ☐ 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
REYNOLDS, JAMES F 7445 CHESTER MCKAY DRIVE NEW PORT RICHEY FL 34655	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: James F Reynolds
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	CD IGNELZI, EMIL 3272 LAVERNE CT. NEW PORT RICHEY FL 34655	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Saxton, Bierck 4708 Eastwood ln Holiday Fl 34690	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D REYNOLDS, JAMES 4652 SWALLOW TAIL DR. NEW PORT RICHEY FL 34653	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SAME	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PAXTON, CHARLES F 7853 PUTNAM CIR. NEW PORT RICHEY FL 34655	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Miller, Larry N 2903 Wainwright Ct New Port Richey Fl 34	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T VALENJEVICK, EDWARD S 7320 CARLTON ARMS DR NEW PORT RICHEY FL 34653	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Anderson, Andy 2913 Westmoreland, New Port Richey Fl 34655	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HOCKER, RUSSELL 3153 LAIRD DR NEW PORT RICHEY FL 34655	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Same	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T RABIDEAUX, ALOYSIOUS 3353 MURROW ST NEW PORT RICHEY FL 34655	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SAME	☐ Change ☐ 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: James F Reynolds
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #