

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91599 041 ****61.25

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

BOYKO, FRANK JR

Street Address (P.O. Box Number is Not Acceptable)

3550 MORROW ST

City

NEW PORT RICHEY

FL

Zip Code

34655

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 ☒ Delete
 NAME **CD**
 STREET ADDRESS **IGNELZI, EMIL**
 CITY-ST-ZIP **3272 LAVERNE CT.
 NEW PORT RICHEY FL 34655**

TITLE ☒ Change ☐ Addition
 NAME **CMD**
 STREET ADDRESS **WARD, STEVE E.**
 CITY-ST-ZIP **10985 PEPPER TREE LN
 PORT RICHEY, FL 34668**

TITLE ☒ Delete
 NAME **D**
 STREET ADDRESS **REYNOLDS, JAMES**
 CITY-ST-ZIP **4652 SWALLOW TAIL DR.
 NEW PORT RICHEY FL 34653**

TITLE ☒ Change ☐ Addition
 NAME **D**
 STREET ADDRESS **BOYKO, FRANK JR**
 CITY-ST-ZIP **3550 MORROW ST
 NEW PORT RICHEY, FL 34655**

TITLE ☒ Delete
 NAME **D**
 STREET ADDRESS **PAXTON, CHARLES F**
 CITY-ST-ZIP **7853 PUTNAM CIR.
 NEW PORT RICHEY FL 34655**

TITLE ☒ Change ☐ Addition
 NAME **D**
 STREET ADDRESS **OLEON, ROBERT E.**
 CITY-ST-ZIP **4046 PASSPORT LN
 NEW PORT RICHEY, FL 34653**

TITLE ☒ Delete
 NAME **T**
 STREET ADDRESS **VALENJEVICK, EDWARD S**
 CITY-ST-ZIP **7320 CARLTON ARMS DR
 NEW PORT RICHEY FL 34653**

TITLE ☒ Change ☐ Addition
 NAME **T**
 STREET ADDRESS **JENSEN, CLIFFORD**
 CITY-ST-ZIP **5117 TILSON DR
 NEW PORT RICHEY, FL 34652**

TITLE ☒ Delete
 NAME **T**
 STREET ADDRESS **HOCKER, RUSSELL**
 CITY-ST-ZIP **3153 LAIRD DR
 NEW PORT RICHEY FL 34655**

TITLE ☒ Change ☐ Addition
 NAME **T**
 STREET ADDRESS **MARUTZ, CARL W.**
 CITY-ST-ZIP **7955 KNOX LOOP
 NEW PORT RICHEY, FL 34655**

TITLE ☒ Delete
 NAME **T**
 STREET ADDRESS **RABIDEAUX, ALOYSIOUS**
 CITY-ST-ZIP **3353 MURROW ST
 NEW PORT RICHEY FL 34655**

TITLE ☐ Change ☐ Addition
 NAME **T**
 STREET ADDRESS **RUSSELL K HOCKER**
 CITY-ST-ZIP **3153 LAIRD DR
 NEW PORT RICHEY, FL 34655**

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:

FRANK BOYKO JR

5/1/01 722 376 3502

CR2E037 (10/00)