

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 726469

1. Entity Name

RAY RENUART POST NO. 5718 VETERANS OF FOREIGN WA

Principal Place of Business

45 ALMERIA AVENUE  
P O BOX 340811  
CORAL GABLES FL 33134

Mailing Address

45 ALMERIA AVENUE  
P O BOX 340811  
CORAL GABLES FL 33134

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

59-6162526

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

LEVI, ROY E  
3889 NW 6TH ST  
MIAMI FL 33126

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 PD  
NAME LEE, GARY R.  
STREET ADDRESS 12270 SW 30 STREET  
CITY-ST-ZIP MIAMI, FL 00000 33175 ☐ Delete

TITLE DT  
NAME CLARKE, JACQUES L  
STREET ADDRESS 7700 PONCE DE LEON RD.  
CITY-ST-ZIP MIAMI, FL 00000 33143 ☐ Delete

TITLE D  
NAME GAINSLEY, GERALD  
STREET ADDRESS 3340 SW 16TH TERRACE  
CITY-ST-ZIP MIAMI FL 33145 ☒ Delete

TITLE VD  
NAME LEVI, ROY E  
STREET ADDRESS 3889 NW 6TH ST  
CITY-ST-ZIP MIAMI, FL 00000 33126 ☐ Delete

TITLE D  
NAME CHOCKLA, MITCHEL  
STREET ADDRESS 6520 SW 63RD CT.  
CITY-ST-ZIP MIAMI FL 33143 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Mar 12, 2001 8:00 am  
Secretary of State

03-12-2001 90482 028 \*\*\*\*\*61.25

00033022



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)