


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90217 009 \*\*\*\*61.25

**DOCUMENT # 726469**

1. Entity Name  
**RAY RENUART POST NO. 5718 VETERANS OF FOREIGN WA  
WARS OF THE UNITED STATES, INC.**



Principal Place of Business      Mailing Address

**45 ALMERIA AVENUE  
P O BOX 340811  
CORAL GABLES FL 33134**

**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



CHECK HERE IF MAKING CHANGES

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

**LEV, ROY E  
3889 NW 6TH ST  
MIAMI FL 33126**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable.      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 Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<b>PD</b> <input type="checkbox"/> Delete	TITLE	<b>TREASURER</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEE, GARY R.</b>	NAME	
STREET ADDRESS	<b>12270 SW 30 STREET</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI, FL 00000 33175</b>	CITY-ST-ZIP	
TITLE	<b>DT</b> <input type="checkbox"/> Delete	TITLE	<b>DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CLARKE, JACQUES L</b>	NAME	
STREET ADDRESS	<b>7700 PONCE DE LEON RD.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI, FL 00000 33143</b>	CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> Delete	TITLE	<b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEV, ROY E</b>	NAME	
STREET ADDRESS	<b>3889 NW 6TH ST</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI, FL 00000 33126</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHOCKLA, MITCHEL</b>	NAME	
STREET ADDRESS	<b>6520 SW 63RD CT.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33143</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<b>DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<b>BISHOP, TED</b>
STREET ADDRESS		STREET ADDRESS	<b>PO BOX 1794 SW 19 ST</b>
CITY-ST-ZIP		CITY-ST-ZIP	<b>MIAMI, FL 33145</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<b>DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<b>THORP, JOHN</b>
STREET ADDRESS		STREET ADDRESS	<b>12370 SW 225 ST</b>
CITY-ST-ZIP		CITY-ST-ZIP	<b>MIAMI, FL 33170</b>

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 empowerment.

SIGNATURE: SIGNATURE REQUIRED      **April 2, 2003**      305-995-3022

CR2E037 (10/02)