

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 732168

1. Entity Name

GOLDEN GATE POST NO. 7721 VETERANS OF FOREIGN WA

Principal Place of Business

800 NEFF'S WAY  
NAPLES FL 34119

Mailing Address

800 NEFF'S WAY  
NAPLES FL 34119-4070

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

23-7325333

Applied For

Not Applied For

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

BALZARANO, RALPH J  
781 14TH ST SE  
NAPLES FL 34117

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 D ☐ Delete  
NAME MARCIS, DANIEL M  
STREET ADDRESS 2143 PINEWOOD CIR  
CITY-ST-ZIP NAPLES FL 34116

TITLE D ☐ Delete  
NAME YEARWOOD, RICHARD  
STREET ADDRESS 443 LAURELWOOD LANE  
CITY-ST-ZIP NAPLES FL 34113

TITLE D ☐ Delete  
NAME BALZARANO, RALPH J  
STREET ADDRESS 781 14TH ST SE  
CITY-ST-ZIP NAPLES FL 34117

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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  
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CITY-ST-ZIP

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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:

*Ralph J. Balzarano*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/25/00

941/455/1231

FILED  
Jan 29, 2000 8:00 am  
Secretary of State

01-29-2000 90029 029 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE