2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Jul 10, 2001 8:00 am Secretary of State **DOCUMENT # 732168** 1. Entity Name 01-30-2001 90224 022 ****70.00 GOLDEN GATE POST NO. 7721 VETERANS OF FOREIGN WA 07-10-2001 90118 037 ****70.00 Principal Place of Business Mailing Address 800 NEFF'S WAY 800 NEFF'S WAY 80060063 NAPLES FL 34119 NAPLES FL 34119 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 23-7325333 Not Applicable Zip Zio Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent _ -6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) BALZARANO, RALPH J 781 14TH ST SE NAPLES FL 34117 City 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. FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be П Trust Fund Contribution. Added to Fees Department of State After September 12, 2001, min. will be \$236.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. (5/01)DIRECTOR Addition Delete TITI F TITLE Edmund ALLEN 3661 17 III AVE SW MARCIS, DANIEL M NAME NAME STREET ADDRESS STREET ADDRESS 2143 PINEWOOD CIR CITY-ST-7IP NAPLES FL 34116 CITY-ST-ZIP NAPLES FL 34117 Delete DIRECTOR Change Addition TITLE TITLE YEARWOOD, RICHARD WILLIAM PERREYL 631 31 ST. NW NAME NAME STREET ADDRESS 443 LAURELWOOD LANE STREET ADDRESS CITY-ST-ZIP NAPLES FL 34113 CITY-ST-7IP NAPLES PL 34120 ☐ Change ☐ Addition TITLE ☐ Delete TITLE BALZARANO, RALPH J NAME NAME 781 14TH ST SE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34117 ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

FILED