

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 90125 029 ****70.00

DOCUMENT # 732168

1. Entity Name

**GOLDEN GATE POST NO. 7721 VETERANS OF FOREIGN WA
 RS OF THE UNITED STATES, INC.**

Principal Place of Business

Mailing Address

**800 NEFF'S WAY
 NAPLES FL 34119**

**800 NEFF'S WAY
 NAPLES FL 34119**

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 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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☒ Delete
 NAME **DIR ALLEN, EDWARD**
 STREET ADDRESS **3661 17TH AVE SW**
 CITY-ST-ZIP **NAPLES FL 34117**

TITLE ☐ Change ☒ Addition
 NAME **DIR YEARWOOD RICHARD**
 STREET ADDRESS **443 LAURELWOOD LN**
 CITY-ST-ZIP **NAPLES FL 34112**

TITLE ☐ Delete
 NAME **DIR PERREY, WILLIAM**
 STREET ADDRESS **631 31ST NW**
 CITY-ST-ZIP **NAPLES FL 34120**

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

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RALPH J BALZARANO

DIRECTOR

5/1/02

239 455 721

Date

Daytime Phone #

CR2E037 (9/01)