

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

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90053 036 \*\*\*\*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

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

Mailing Address

**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**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

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

*Ralph J. Balzarano*

**RALPH J. BALZARANO QUARTER MASTER**

**4/27/03**

Signature, typed 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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **Dir** ☐ Change ☒ Addition  
NAME **BATES, Wesley G**  
STREET ADDRESS **10862 SEA CORAL CT.**  
CITY-ST-ZIP **BONITA SPRINGS FL 34135**

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

TITLE **Dir** ☐ Change ☒ Addition  
NAME **LEHMAN, BARCL**  
STREET ADDRESS **1050 25TH ST. SW**  
CITY-ST-ZIP **NAPLES FL, 34117**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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* **RALPH J. BALZARANO**

**4/27/03**

**239 455 7721**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)