2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2000 8:00 am
Secretary of State
01-31-2000 90003 047 ****70.00

100034

DO NOT WRITE IN THIS SPACE

DOCUMENT # 733300

1. Entity Name

WEST PUTNAM POST NO. 10164 VETERANS OF FOREIGN W

Principal Place of Business	Mailing Address
1034 HWY 20 INTERLACHEN FL 32148 US	1034 HWY 20 INTERLACHEN FL 32148-2427 US

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 59-6569997 ☐ 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
MCFADDIN, GUY C 1034 HWY 20 INTERLACHEN FL 32148	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	T MCFADDIN, GUY C 1034 HWY 20 INTERLACHEN FL 32148 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SHAUL, thomas R P.O. BOX 100 INTERLACHEN, Fl, 32148 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P RYE, DAVID 201 KITTY AVENUE INTERLACHEN FL 32148 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPS Hill, VERNON 127 Gissen ST. INTERLACHEN, Fl ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPS TORRAS, CARLOS 44 3 BOX 902 INTERLACHEN FL ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CHARTIER, DAVID L 1172 N. COUNTRY ROAD #315 MELROSE FL 32666 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T GAGNE, VICTOR J RT 3, BOX 534 INTERLACHEN FL 32148 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T PIEHLER, JIMMY L 103 APACHE AVENUE INTERLACHEN FL 32148 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/99)

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: Guy C. McFaddin Guy C. McFaddin 20 JAN 2000 904 684-9931