# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Mar 12, 2001 8:00 am**
**Secretary of State**
02-20-2001 90068 025 ****61.25

DOCUMENT # 733300

1. Entity Name

WEST PUTNAM POST NO. 10164 VETERANS OF FOREIGN W

| Principal Place of Business | Mailing Address |
|---|---|
| 1034 HWY 20<br>INTERLACHEN FL 32148<br>US | 1034 HWY 20<br>INTERLACHEN FL 32148<br>US |

[redacted]

DO NOT WRITE IN THIS SPACE

| 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<br>1034 HWY 20<br>INTERLACHEN FL 32148 | Name: THOMAS L. CRAWFORD<br>Street Address (P.O. Box Number is Not Acceptable): 1034 HWY 20<br>City: INTERLACHEN FL Zip Code: 32148 |

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] 5 MAR 2001

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<br>MCFADDIN, GUY C<br>1034 HWY 20<br>INTERLACHEN FL 32148 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | QUARTER MASTER<br>CRAWFORD, THOMAS L.<br>1034 HWY 20<br>INTERLACHEN FL 32148 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>SHAUL, THOMAS R<br>P.O.BOX 100<br>INTERLACHEN FL 32149 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPS<br>MILLER, ALVER R<br>202 MAY LN<br>INTERLACHEN FL 32148 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPS<br>HILL, VERNON<br>127 GLISSON ST<br>INTERLACHEN FL 32149 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TRUSTEE<br>PENDOLI, EDWARD P<br>219 SLEEPY HOLLOW DR<br>INTERLACHEN FL 32148 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>CHARTIER, DAVID L<br>1172 N. COUNTRY ROAD #315<br>MELROSE FL 32666 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>GAGNE, VICTOR J<br>RT 3, BOX 534<br>INTERLACHEN FL 32148 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>PIEHLER, JIMMY L<br>103 APACHE AVENUE<br>INTERLACHEN FL 32148 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (10/00)

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] THOMAS L. CRAWFORD 2/15/01 904-684-9931

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #