# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**May 08, 2000 8:00 am**
**Secretary of State**
05-08-2000 90164 024 ****61.25

DOCUMENT # 737228

1. Entity Name

RUSKIN MEMORIAL POST NO. 6287 VETERANS OF FOREIG

| Principal Place of Business | Mailing Address |
|---|---|
| 5120 HWY US 41<br>VFW POST 6287<br>RUSKIN FL 33572-3500<br>US | 5120 HWY US 41<br>VFW POST 6287<br>RUSKIN FL 33572<br>US |

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 59-1596663 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

RICHARDSON, LISA L
8004 GIBSONTON DR LOT 23
GIBSONTON FL 33534

**7. Name and Address of New Registered Agent**

Name: Monica Elizabeth Kober
Street Address (P.O. Box Number is Not Acceptable): 6012 Flora Terrace
City: Apollo Beach **FL** Zip Code: 33572

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: Monica E. Kober Monica E. Kober, Canteen Mgr. 04/26/00
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 | PD<br>PRYOR, CHARLEY M<br>1002 AGUSTA DR<br>SUN CITY CNTR FL 33573 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition<br>Same |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>BAHNEMAN, BRUCE L<br>7011 ESTELLE AVE<br>GIBSONTON FL 33534 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☒ Change ☐ Addition<br>Vacant |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TSD<br>DANIELS, JAMES E JR<br>629 GRAN KAYMEN WAY<br>APOLLO BEACH FL 33572 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition<br>Same |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TR<br>PIRCSUK, ALEXANDER J<br>1928 DEL WEBB BLVD<br>SUN CITY CENTER FL 33573 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition<br>Same |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TR<br>SINCLAIR, BRIAN G<br>6506 BIMINI COURT<br>APOLLOP BEACH FL 33572 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☒ Change ☐ Addition<br>Trustee<br>William D. Wentworth<br>10306 Big Bend Road<br>Riverview, FL. 33569 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TR<br>CAPRIOTTI, SAMUEL A<br>602 WOODLAND ESTATES, LOT 35<br>APOLLOP BEACH FL 33570 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☒ Change ☐ Addition<br>Trustee<br>Dennis W. Bosworth<br>1702 Gulf City Road, Lot 375<br>Ruskin, FL. 33570 |

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:** James E. Daniels, Jr. Post Quartermaster 04/26/00 813-645-2935
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #