

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # 743393**

1. Entity Name

**WILLIAM A. GARVEY POST NO. 8203 OF NORTH PORT, F**

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90155 007 \*\*\*\*61.25

Principal Place of Business <b>4860 TROTT CIRCLE P.O. BOX 7154 NORTH PORT FL 34287</b>	Mailing Address <b>4860 TROTT CIRCLE P.O. BOX 7154 NORTH PORT FL 34287-0154</b>
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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 <b>59-1918035</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**HERSEY, RAYOND  
2439 CARTWRIGHT LN  
NORTH PORT FL 34287**

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

Name **DENNIS TOSO**

Street Address (P.O. Box Number is Not Acceptable)  
**4695 W. Price Blvd**

City **NORTH PORT** FL Zip Code **34286**

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 DENNIS TOSO *Dennis Toso*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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**10. OFFICERS AND DIRECTORS**

TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HERSEY, RAYMOND</b>	
STREET ADDRESS	<b>2439 CARTWRIGHT LN</b>	
CITY-ST-ZIP	<b>NORTH PORT FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>CATO, VENIE</b>	
STREET ADDRESS	<b>1980 BISCAYNE BLVD</b>	
CITY-ST-ZIP	<b>NORTH PORT FL 34287</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DUNFEE, CHARLES L</b>	
STREET ADDRESS	<b>6259 FREMONT ST</b>	
CITY-ST-ZIP	<b>NORTH PORT FL 34287</b>	
TITLE	<b>DS</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CONNELL, EDWARD</b>	
STREET ADDRESS	<b>4420 AVANT CIR</b>	
CITY-ST-ZIP	<b>NORTH PORT FL</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>FELLOWS, WILLIAM E</b>	
STREET ADDRESS	<b>8612 LA BOCA AVE.</b>	
CITY-ST-ZIP	<b>NORTH PORT FL 34287</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CRUMP, JOHN</b>	
STREET ADDRESS	<b>4497 MARALDO AVE</b>	
CITY-ST-ZIP	<b>NORTH PORT FL 34286</b>	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<b>POST COMMANDER</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DENNIS TOSO</b>	
STREET ADDRESS	<b>4695 W. PRICE BLVD</b>	
CITY-ST-ZIP	<b>NORTH PORT, FL. 34286</b>	
TITLE	<b>SR. VICE COMMANDER</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHARLES DUNFEE</b>	
STREET ADDRESS	<b>6259 FREMONT STREET</b>	
CITY-ST-ZIP	<b>NORTH PORT, FL. 34287</b>	
TITLE	<b>JR. VICE COMMANDER</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FRANK SHERMAN</b>	
STREET ADDRESS	<b>418 LOSTNER STREET</b>	
CITY-ST-ZIP	<b>PORT CHARLOTTE, FL. 33954</b>	
TITLE	<b>QUARTERMASTER</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>VENIE CATO</b>	
STREET ADDRESS	<b>1980 BISCAYNE BLVD</b>	
CITY-ST-ZIP	<b>NORTH PORT, FL. 34287</b>	
TITLE	<b>ADJUTANT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HANK CHIMINIELLO</b>	
STREET ADDRESS	<b>3623 MONTCLAIR CIRCLE</b>	
CITY-ST-ZIP	<b>NORTH PORT, FL. 34287</b>	
TITLE	<b>3 YEAR TRUSTEE</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JOHN TALLEY</b>	
STREET ADDRESS	<b>6392 OTIS ROAD</b>	
CITY-ST-ZIP	<b>NORTH PORT, FL. 34287</b>	

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: DENNIS TOSO *Dennis Toso* **941-426-5489**

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

CR2E037 (9/99)