

2000 UNIFORM BUSINESS REPORT (UBR)

5/3

FILED
Jun 05, 2000 8:00 am
Secretary of State

05-03-2000 90105 020 ****61.25

DOCUMENT # 746369

1. Entity Name

SUTHERLAND MEMORIAL POST NO. 1658 VETERANS OF FO

Principal Place of Business

Mailing Address

1402 18TH STREET
P.O. BOX 13
PALM HARBOR FL 34682

1402 18TH STREET
P.O. BOX 13
PALM HARBOR FL 34682-0013

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

59-1843848

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

FERGUSON, RUSSELL B
914 HARBOR CIR
PALM HARBOR FL 34683

Name

HARDING, TED

Street Address (P.O. Box Number is Not Acceptable)

1924 WHISPERING WAY

City

TARPON SPRINGS

FL

Zip Code

34689

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

TED HARDING **QUARTERMASTER**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-25-00

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	C	<input checked="" type="checkbox"/> Delete
NAME	BASIL, SANTELLA	
STREET ADDRESS	7244 LAKE MAGNOLIA DR	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	HARDING, TED	
STREET ADDRESS	1924 WHISPERING WAY	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	S	<input type="checkbox"/> Delete
NAME	TRIVETT, WELDON	
STREET ADDRESS	1413 THAMES	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	QM	<input checked="" type="checkbox"/> Delete
NAME	FERGUSON, RUSSELL B	
STREET ADDRESS	914 HARBOR CIR	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	AD	<input type="checkbox"/> Delete
NAME	TAMBURRO, LOUIS J	
STREET ADDRESS	3177-B CHARTER CLUB DRIVE	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROMAN, ALAN	
STREET ADDRESS	1562 N JEFFORDS ST.	
CITY-ST-ZIP	CLEARWATER FL 33756	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	QM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARDING, TED	
STREET ADDRESS	1924 WHISPERING WAY	
CITY-ST-ZIP	TARPON SPGS, FL. 34689	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

TED HARDING **QUARTERMASTER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-00

DATE

727-932-9481

Daytime Phone #

CR2E037 (9/99)