2000 UNIFORM BUSINESS REPORT (UBR)

2000 UNIFORM BUSINESS REPORT (UBR)											
DOCUMENT # 750488 1. Entity Name							er i litte	TARY OF			
DICKINSON-TOMPKINS POST 2380 VETERANS OF FOREIGN						FILLU FEBRETARY OF STATE FINISION OF CORPORATIONS					
Principal Place of Business Mailing Address						,	UU 0CT	-6 _PM	1:31		
510 S ALABAMA AVE. P O BOX 142						•					
P.O. BOX 142 DELAND FL 32721 DELAND FL 32724-5944 US					l		-,		- ′		
<u>'</u>	lace of Business	3. Mailing Address				(6) 					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			BEINS IN FIVE NO						
City & State	9	City & State				4. FEI Number 23-7140046 Applied Eq. Not Applicable					
Zip	Country	Zip	Zip Cou			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							
10 min (*) 35 35					Name -						
FENDT, FRED W					Street Address (P.O. Box Number is Not Acceptable)						
112 WEST NEW YORK AVE DELAND FL 32720				5000034236559 -10/12/0001104018							
DELAND	L 32/20		City			,		5.2 %=L**			
The above named entity submits this statement for the purpose of changing its registered office or registere							n, in the state of Flor	rida.			
SIGNATURE The 1- each							10.5-00				
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 After September 13, 2000 min. will be \$236.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State											
10.	OFFICERS AND DIF	RECTORS	11.		P	ADDITIONS/CHA	NGES TO OFFICER	RS AND DIREC	TORS IN	10	
TITLE	D HODOES HOW	☐ Delete	TITL		P. H	lodges 2	TAK 534 1, 32721] Change	Addition S	
NAME STREET ADDRESS	HODGES, JACK P O BOX 3334		NAM	eet address	20	150× 5.	32721				
City-St-Zip	DELAND FL 32721		CITY	'-ST-ZIP							
TITLE .	t Hupence, Frank	☐ Delete	TITL.		V. A	CABRAN	cne www.y.A	1V5 -] Change	Addition C	
STREET ADDRESS	2057 YORKSHIRE DR			EET ADDRESS	APT	1070	wordhy A]	
CITY-ST-ZIP	DELAND FL 32724		+	-ST-ZIP	DE	lond,	=1 3272 12 /E AR 1 DAY FOM	2, U	7.05		
TITLE NAME	PD Houlihain, dan	☐ Delete	TITL NAM		ي. ع، د	SCAME	12 1E 196	o rd) Change	☐ Addition	
STREET ADDRESS	2981 N SHELL RD			EET ADDRESS	200	12.00	E1 327	2 4		1.1	
CITY-ST-ZIP	DELAND FL 32721 S	Delete	TITL	'-ST-ZIP	ח	T. 600	Lusuk		Change 1	W Kitada III.	
NAME	ZAKRESKY, JACK	L. Delete	NAM		72	g RAIN	FRANK tues Ci	n.	, onengo	A. Leal	
STREET ADDRESS CITY-ST-ZIP	27910 LUCLLA ST.			EET ADDRESS '-ST-ZIP			r-1, 32			Φ	
TITLE	PAISLEY FL 32766 VD	☐ Delete	TITL] Change	Addition	
NAME	PURDY, OWENS		NAM	IE .	W.	2 (- 2)	IMALK.	Au C			
LISTREET ADDRESS CITY-ST-ZIP	740 N.WOODLAND BLVD DELAND FL 32733			EET ADDRESS '-ST-ZIP~==≈	- DÉ	LEON	Spaings	F1. 3.	2130	,	
T‡TLE	D	☐ Delete	TITL	Ε	D,	madia	Spaings An Edw Lefisld	and [Change	Addition	
NAME	LOUTHEN, LESLEY J.		NAM		10	36 402	rfield.	DK.			
STREET ADDRESS CITY-ST-ZIP	290 W. ELM DR. Orange City FL 32763			eet address '-st-zip	D.	Eland	El.	3272	4		
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: The Control of Printed Name of Signify Officer or Director Date Date Dayling Phone #											