

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 752974

1. Entity Name

MICCO POST 4425, VETERANS OF FOREIGN WARS OF THE

Principal Place of Business

Mailing Address

VFW POST 4425
BAREFOOT BAY FL 32976
US

VFW POST 4425
PO BOX 770-102
BAREFOOT BAY FL 32976
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROBERT P FITZGERALD
913 SW CASHEW CIR
BAREFOOT BAY FL 32976

Name

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

City

FL

Zip Code

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, 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 D ☐ Delete
NAME ROBERT P FITZGERALD
STREET ADDRESS 913 SW CASHEW CIR
CITY-ST-ZIP BAREFOOT BAY, FL 32976

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME EUGENE J. HENRY
STREET ADDRESS 716 AMARYLLIS DR
CITY-ST-ZIP BAREFOOT BAY FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME BABECKI, ALFRED J
STREET ADDRESS 915 HEMLOCK ST.
CITY-ST-ZIP BAREFOOT BAY FL 32976

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME RICHARD G HIGGINS
STREET ADDRESS 1169 W BAREFOOT CIR
CITY-ST-ZIP BAREFOOT BAY, FL 32976

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME RILEY, CORNELIUS T
STREET ADDRESS 635 E HYACINTH CIR
CITY-ST-ZIP BAREFOOT BAY, FL 32976

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME WILLIAM J HULSART
STREET ADDRESS 717 N GLADIOLUS DR
CITY-ST-ZIP BAREFOOT BAY FL

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90232 004 ****61.25

00043037



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1905860

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E037 (9/99)