

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 755710**

1. Entity Name

INDIAN ROCKS BEACH POST HOLDING CORPORATION, INC

Principal Place of Business

**310 10TH AVE
INDIAN ROCKS BEACH FL 33785
US**

Mailing Address

**P.O. BOX 1114
INDIAN ROCKS BEACH FL 33785-1114**

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

56-6150993

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

**PEDICONE, LEON
2304 BAY BLVD #A
INDIAN ROCKS BCH. FL 34635**

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	P	☐ Delete
NAME	PEDICONE, LEON	
STREET ADDRESS	2304 BAY BLVD. #A	
CITY-ST-ZIP	INDIAN ROCKS BCH FL	

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

TITLE	V	☐ Delete
NAME	GREGORY, R W	
STREET ADDRESS	3500 GULF BLVD., APT. 214	
CITY-ST-ZIP	BELLEAIR BEACH FL	

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

TITLE	STD	☐ Delete
NAME	MORONI, KENNETH	
STREET ADDRESS	310 10 AVENUE	
CITY-ST-ZIP	INDIAN ROCKS BCH. FL	

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

TITLE	D	☐ Delete
NAME	MONASTRA, EDWIN J.	
STREET ADDRESS	615 16TH ST. N.W.	
CITY-ST-ZIP	LARGO FL	

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

TITLE	D	☐ Delete
NAME	HART, DONALD J.	
STREET ADDRESS	456 HARBOR DR., NORTH	
CITY-ST-ZIP	INDIAN RCKS BCH, FL00000	

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

TITLE	D	☐ Delete
NAME	KUMPF, MARGARET L.	
STREET ADDRESS	9596 141ST ST N.	
CITY-ST-ZIP	LARGO 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:

Kenneth V. Moroni
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**1-9-2K1****727-595-1369**

Daytime Phone #

CR2E037 (10/00)