

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 759134

1. Entity Name

LAKE MEMORIAL POST NO. 4705 VETERANS OF FOREIGN

Principal Place of Business

2240 MARCELLA WAY
P.O. BOX 490704
LEESBURG FL 34749-0704

Mailing Address

2240 MARCELLA WAY
P.O. BOX 490704
LEESBURG FL 34749-0704

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

59-6144716

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BEAULIEU, PERCY L.
10826 LAKE HARRIS CIR.
TAVERES FL 32778

7. Name and Address of New Registered Agent

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

Clifford R. MacDonald

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

TITLE PD
NAME BEAULIEU, PERCY L. ☐ Delete
STREET ADDRESS 10826 LAKE HARRIS CIR.
CITY-ST-ZIP TAVERES FL

TITLE VD
NAME MACDONALD, CLIFF R ☐ Delete
STREET ADDRESS PO BOX 862
CITY-ST-ZIP LADY LAKE FL 32158-0662

TITLE SD ☒ Delete
NAME HEATH, EARL G. JR.
STREET ADDRESS 267 DAFFODIL DR.
CITY-ST-ZIP FRUITLAND PARK FL 34731

TITLE TD ☐ Delete
NAME WELKER, WILLIAM J.
STREET ADDRESS 746 ROYAL PALM AVE.
CITY-ST-ZIP LADY LAKE FL

TITLE TD ☐ Delete
NAME RIORDAN, JAMES A
STREET ADDRESS 813 OAK DR.
CITY-ST-ZIP LESSBURG FL 34748-4322

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☒ Change ☐ Addition
NAME Beaulieu, Percy L.
STREET ADDRESS 10826 Lake Harris Cir.
CITY-ST-ZIP Taveres FL 32778-4606

TITLE D ☒ Change ☐ Addition
NAME mac Donald Cliff R.
STREET ADDRESS P.O. Box 662
CITY-ST-ZIP Lady Lake FL 32158-4482

TITLE VD ☐ Change ☒ Addition
NAME Buatti, Joseph L.
STREET ADDRESS 9450 SE. 174 Loop
CITY-ST-ZIP Summerfield, FL 34491-6451

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

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

TITLE SD ☐ Change ☒ Addition
NAME Weniq, Albert J.
STREET ADDRESS 1214 Zapata Place
CITY-ST-ZIP Lady Lake FL 32159-5730

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:

William J. Welker
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-00

Date

352-753-5839

Daytime Phone #

CR2F037 (9/99)