

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 30, 2001 8:00 am**  
**Secretary of State**

01-30-2001 90085 046 \*\*\*\*70.00

**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

7. Name and Address of New Registered Agent

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

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

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

TITLE ☐ Delete  
NAME **PD**  
STREET ADDRESS **MACDONALD, CLIFF R**  
CITY-ST-ZIP **PO BOX 662  
LADY LAKE FL 32158-0662**

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

TITLE ☒ Delete  
NAME **VD**  
STREET ADDRESS **BUATTI, JOSEPH L**  
CITY-ST-ZIP **9450 SE 174 LOOP  
SUMMERFIELD FL 34491**

TITLE ☒ Change ☐ Addition  
NAME **V.D.**  
STREET ADDRESS **Sanders, William C**  
CITY-ST-ZIP **17709 SE 133rd CT.  
Weirsdale FL 32195-2911**

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

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

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

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

TITLE ☐ Delete  
NAME **SD**  
STREET ADDRESS **WENIG, ALBERT J**  
CITY-ST-ZIP **1214 ZAPATA PL  
LADY LAKE FL 32159**

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-17-01 352-753-5839**

Date Daytime Phone #

CR2E037 (10/00)