

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2003 8:00 am
Secretary of State

01-22-2003 90050 016 ****70.00

DOCUMENT # 759134

1. Entity Name

**LAKE MEMORIAL POST NO. 4705 VETERANS OF FOREIGN
WARS OF THE UNITED STATES, INC.**



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

Jerry Wiley

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

710 Nuzum St.

City

Fruitland Park, FL 34731-2054

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Jerry Wiley

(NOTE: Registered Agent signature required when reinstating)

DATE

01/16/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **President** ☒ Change ☐ Addition
NAME **Jerry Wiley**
STREET ADDRESS **710 Nuzum St.**
CITY-ST-ZIP **Fruitland Park, FL 34731-2054**

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

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

TITLE **PD** ☐ Delete
NAME **SANDERS, WILLIAM C**
STREET ADDRESS **17700 SE 133RD CT**
CITY-ST-ZIP **WEIRSDALE FL 32195**

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

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

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

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

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

TITLE **SD** ☐ Delete
NAME **WENIG, ALBERT J**
STREET ADDRESS **1214 ZAPATA PL**
CITY-ST-ZIP **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:

William J. Welker
SIGNATURE REQUIRED

1-16-03 352-753-5839

CR2E037 (10/02)