

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 760979

1. Entity Name

MT. PLYMOUTH POST NO. 10474 VETERANS OF FOREIGN

Principal Place of Business

Mailing Address

P.O. BOX 232
SORRENTO FL 32776
US

P.O. BOX 232
SORRENTO FL 32776-0232
US

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

59-2029833

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

SABIN, DANIEL J
35332 JOHNS LANE
EUSTIS FL ~~32726~~ 32736

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

TITLE P
NAME HIGHT, TOMMY M
STREET ADDRESS 25636 ABERDOVEY AVE
CITY-ST-ZIP SORRENTO FL ☐ Delete

TITLE D
NAME CRAWFORD, WAYNE
STREET ADDRESS 32138 OKALOOSA TR
CITY-ST-ZIP SORRENTO FL 32776 ☒ Delete

TITLE D
NAME SABIN, DANIEL J.
STREET ADDRESS 35332 JOHNS LN
CITY-ST-ZIP EUSTIS FL ☐ Delete

TITLE D
NAME DAVIS, C A
STREET ADDRESS 29522 SR 46
CITY-ST-ZIP SORRENTO FL 32776 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE D
NAME RICHARD G. BERGHUIS
STREET ADDRESS 815 MARION DR.
CITY-ST-ZIP MTE. DORA, FL 32757 ☒ Change ☐ Add

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

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

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

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

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:

Daniel J. Sabin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARTERMASTER

1-3-00

(352) 589-1462

Date

Daytime Phone #

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90014 006 ***61.25



DO NOT WRITE IN THIS SPACE