

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90013 046 ****61.25

A0003605



DO NOT WRITE IN THIS SPACE

DOCUMENT # 762477	
1. Entity Name	
PEACE RIVER POST NO. 2824 VETERANS OF FOREIGN WA	

Principal Place of Business	Mailing Address
930 E CYPRESS ST ARCADIA FL 33821	PO BOX 207 ARCADIA FL 34265-0207 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
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4. FEI Number	Applied For
59-1933865	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
WIGHT, GEORGE B P O BOX 295 N/A 930 E CYPRESS ST FT OGDEN FL 34267

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	<u>GEORGE B. WIGHT</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	<u>George B. Wight</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>
		<u>Jan. 7, 2000</u> <small>DATE</small>

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SPERRY, ELIOT W 1998 NW GOATHILL ST ARCADIA FL 24266 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOCHER, RONALD F. 1501 SE PLUM DRIVE ARCADIA FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCHRAMM, WILLIAM R. 2692 NE HWY 70 672 ARCADIA FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WIGHT, GEORGE B P O BOX 295 WELLES PARK N/A FT OGDEN FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEELER, RAYMOND 2050 NW RICHARDS AVE ARCADIA, FL 33821 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP OBERLEY, RUSSELL C 5177 NE SANDY RD ARCADIA FL 34266 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUSTEE VINCENT B. DEVINE 1092 S.E. 8TH. ST. ARCADIA, FL 34266 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.	
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SIGNATURE: <u>GEORGE B. WIGHT</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	<u>George B. Wight</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>
	<u>Jan. 7, 2000</u> <small>DATE</small>