

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2000 8:00 am**  
**Secretary of State**  
 03-03-2000 90256 006 \*\*\*\*61.25

**DOCUMENT # 763001**

1. Entity Name

**DONALD A. ROSS POST NO. 9610 VETERANS OF FOREIGN**

Principal Place of Business

Mailing Address

**354 TENTH STREET  
 LAKE PARK FL 33403**

**354 TENTH STREET  
 LAKE PARK FL 33403-3152**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**BALDWIN, GEORGE W  
 330 U.S. HWY 1  
 LAKE PARK FL 33403**

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	PD	<input type="checkbox"/> Delete
NAME	VON DEMBOWSKI, JOSPEH H	
STREET ADDRESS	716 EAST WIND DRIVE	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
TITLE	VD	<input type="checkbox"/> Delete
NAME	JONDEMBOWSKI, JOSEPH S	
STREET ADDRESS	9706 SANDY RUN ROAD	
CITY-ST-ZIP	JUPITER FL 33478	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BRENNAN, JOHN J	
STREET ADDRESS	382 LIGH HOOSE DR	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MCDERMOTT, JOHN T	
STREET ADDRESS	3223 GARDEMS EAST DR.#3A	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AL NATCHI	
STREET ADDRESS	14688 98th COURT N.	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RONALD LICK	
STREET ADDRESS	411 EVERGREEN DRIVE	
CITY-ST-ZIP	LAKE PARK, FL 33403	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LTC DON MEARES-USA (RET.)	
STREET ADDRESS	382 LIGHTHOUSE DRIVE	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DALE SUTTON	
STREET ADDRESS	736 PROSPERITY FARMS ROAD	
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: col. Don Meares**  
**CO-SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-17-00**

Date

**(561) 848-2500**

Daytime Phone #

CR2E037 (9/99)