

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 765165

1. Entity Name

HERNANDO BEACH, POST NO. 9236, VETERANS OF FOREI

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90022 041 ****61.25

Principal Place of Business

Mailing Address

3435 SHOAL LINE BLVD.
SPRINGHILL FL 34607-0440

3435 SHOAL LINE BLVD.
SPRINGHILL FL 34607-3440

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

59-2224347

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

MAGLIDT, IRVIN W
4491 FLOUNDER
SPRINGHILL FL 34607

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

Irvin W. Maglidt
Signature, typed or printed name of registered agent and title if applicable.

IRVIN W. MAGLIDT
POST COMMANDER

(NOTE: Registered Agent signature required when reinstating)

DATE

1/10/00

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	QM	<input checked="" type="checkbox"/> Delete
NAME	TOULA, GEORGE M/	
STREET ADDRESS	16125 SHADY HILLS ROAD	
CITY-ST-ZIP	SPRING HILL FL 34610	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLOCK, WILLIAM R	
STREET ADDRESS	11320 RIDDLE DR	
CITY-ST-ZIP	SPRING HILL FL 34609	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MUELLER, VICTOR P	
STREET ADDRESS	3315 DELTONA BLVD	
CITY-ST-ZIP	SPRING HILL FL 34606	
TITLE	A	<input type="checkbox"/> Delete
NAME	DOKOUPIL, ROBERT	
STREET ADDRESS	8389 COLMA STREET	
CITY-ST-ZIP	SPRING HILL FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALAIMO, JOSEPH M	
STREET ADDRESS	214 CALLAWAY	
CITY-ST-ZIP	SPRING HILL FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BARNES, GEORGE	
STREET ADDRESS	6295 SEBRING STREET	
CITY-ST-ZIP	SPRING HILL FL 34607	

TITLE	QM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAEL DREMBISZ	
STREET ADDRESS	4482 KINGSTON DR.	
CITY-ST-ZIP	SPRING HILL, FL. 34607	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALFRED T. LAWRENCE	
STREET ADDRESS	8114 SPANISH OAK DR	
CITY-ST-ZIP	SPRING HILL, FL. 34606	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOYD GOODEYON	
STREET ADDRESS	1540 BOLGER AVE	
CITY-ST-ZIP	SPRING HILL, FL 34609	
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		
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: *Michael Drembisz* REMICHAEL DREMBISZ QM 1/10/00 352-596-9236
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #