**FILED** 

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## May 04, 2001 8:00 am § Secretary of State **DOCUMENT.# 765165** 1. Entity Name ... 05-04-2001 90101 047 \*\*\*\*69 00 HERNANDO BEACH, POST NO. 9236, VETERANS OF FOREI Principal Place of Business Mailing Address 3435 SHOAL LINE BLVD. 3435 SHOAL LINE BLVD. SPRINGHILL FL 34607-0440 SPRINGHILL FL 34607-0440 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2224347 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) MAGLIDT, IRVIN W 4491 FLOUNDER SPRINGHILL FL 34607 Zip Code FL 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) 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be П Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ROBERT MANNING QM Delete TITLE Addition TITLE 11491 VANETAVE DREMOISZ, MICHAEL NAME NAME STREET ADDRESS 4482 KINGSTON DR STREET ADDRESS SPRING HILL CITY-ST-ZIP CITY-ST-ZIP SPRING HILL FL 34607 SR. VICE COMMANDI Delete Change TITLE TITLE ☐ Addition FRANK ANDRESON BLOCK, WILLIAM R NAME NAME HERNANDO BON, FL 34607 STREET ADDRESS 11320 RIDDLE DR STREET ADDRESS CITY-ST-ZIP SPRING HILL FL 34609 CITY-ST-ZIP UR. VICE COMMINIONE Change Delete TITLE TITLE Addition HUGH HAYRS LAWRENCE, ALFRED T 4443 SAN VUAN DR NAME NAME STREET ADDRESS 8114 SPANISH OAK DR STREET ADDRESS HERNANDE BCH, FL 34607 CITY-ST-7IP CITY-ST-ZIP SPRING HILL FL 34606 TRUSTER PALCOVIC Change TITLE TITLE Delete ☐ Addition DOKOUPIL, ROBERT NAME 4502 BERMUISA DR. NAME STREET ADDRESS STREET ADDRESS HIRNANDO BUH FL 8389 COLMA STREET CITY-ST-ZIP 34607 CITY-ST-7IE SPRING HILL FL Change TITLE X Delete TITLE ☐ Addition THOMAS LOVENLING ALAIMO, JOSEPH M NAME NAME WEEK, WACHER, F STREET ADDRESS STREET ADDRESS 214 CALLAWAY 34607 CITY-ST-ZIP CITY-ST-ZIP SPRING HILL FL

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.

CITY-ST-7IP

TITLE

NAME

STREET ADDRESS

Delete

TRUSTEE

EMAL BARRETT

961 HIGH PT. BLUD

BROOKS VILLE FL

RIRGINEW MAGLIOT

GOODEYON, LOYD

1540 BOLGER AVE

SPRING HILL FL 34609

TITLE

NAME

STREET ADDRESS

CITY - ST- ZIP

596-9236

Change

□ Addition