

2001 UNIFORM BUSINESS REPORT (UBR)

2/21

FILED
Apr 02, 2001 8:00 am
Secretary of State

02-28-2001 90138 021 ****61.25

DOCUMENT # 766299

1. Entity Name

EDWARD W. PENNO POST NO. 4864 VETERANS OF FOREIG

Principal Place of Business

10199 N. CITRUS SPRINGS BLVD.
CITRUS SPRINGS FL 34434

Mailing Address

10199 N. CITRUS SPRINGS BLVD.
CITRUS SPRINGS FL 34434

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

59-2333530

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

HYTOVICK, JOSEPH S
10199 N CITRUS SPRINGS BLVD
CITRUS SPRINGS FL 34434

7. Name and Address of New Registered Agent

Name **Millard F. Hall**
Street Address (P.O. Box Number is Not Acceptable)

10199 N. Citrus Springs Blvd

City **Citrus Springs**

FL

Zip Code **34434**

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

Millard F. Hall

Millard F. Hall

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	CD	<input type="checkbox"/> Delete
NAME	HYTOVICK, JOSEPH S	
STREET ADDRESS	10199 N CITRUS SPRINGS BOLVD	
CITY-ST-ZIP	CITRUS SPRINGS FL 34434	
TITLE	STD	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, ARNALDO	
STREET ADDRESS	23 S. BARBOUR ST.	
CITY-ST-ZIP	BEVERLY HILLS FL 34465	
TITLE	VCVD	<input type="checkbox"/> Delete
NAME	HALL, MILLARD	
STREET ADDRESS	1571 E. SHERIDAN LN.	
CITY-ST-ZIP	HERNANDO FL 34442	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Millard F. Hall	
STREET ADDRESS	10199 N. Citrus Springs Blvd	
CITY-ST-ZIP	Citrus Springs, FL 34434	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	George L. Field	
STREET ADDRESS	10199 N. Citrus Springs Blvd	
CITY-ST-ZIP	Citrus Springs, FL 34434	
TITLE	VCVD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Eugene L. Perrino	
STREET ADDRESS	10199 N. Citrus Springs Blvd	
CITY-ST-ZIP	Citrus Springs, FL 34434	
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)(l), 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:

George L. Field

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/01

(352) 489-4864

Date

Daytime Phone #

(After hours)

CR2E037 (10/00)