

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 766379

1. Entity Name

HAWKINS KIRK GORDON POST 4185 VETERANS OF FOREIGN

Principal Place of Business

Mailing Address

501 S. FRANCISCO AVENUE
CLEWISTON FL 33440

501 S. FRANCISCO AVENUE
CLEWISTON FL 33440-4803

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

59-6162496

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

STANES, DONALD
116 W. DEL MONTE
CLEWISTON FL 33440

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	D	<input type="checkbox"/> Delete
NAME	HATFIELD, RANDAL	
STREET ADDRESS	605 SABAL ST	
CITY-ST-ZIP	CLEWISTON FL 33440	
TITLE	D	<input type="checkbox"/> Delete
NAME	STARKS, DONALD	
STREET ADDRESS	116 W. DELMONTE	
CITY-ST-ZIP	CLEWISTON FL 33440	
TITLE	VD	<input type="checkbox"/> Delete
NAME	JOHNSON, CLARANCE	
STREET ADDRESS	1507 DAVIDSON ROAD	
CITY-ST-ZIP	CLEWISTON FL 33440	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MARRS, ROBERT B.	
STREET ADDRESS	1024 NE 27TH ST	
CITY-ST-ZIP	BELLE GLADE FL 33440	
TITLE	D	<input type="checkbox"/> Delete
NAME	MUELLER, NICKOLAS H.	
STREET ADDRESS	529 S DEAN DUFT AVE	
CITY-ST-ZIP	CLEWISTON FL 33440	
TITLE		<input type="checkbox"/> Delete
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
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STREET ADDRESS		
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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: Donald Starks DONALD STARKS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANUARY 10, 2000 1-863-983-9748

Date

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE