

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90066 039 ****70.00

DOCUMENT # 768752

1. Entity Name

NEWNANSVILLE POST NUMBER 9229 VETERANS OF FOREIGN

Principal Place of Business

Mailing Address

P.O. BOX 310
 MAIN STREET
 ALACHUA FL 32615

P.O. BOX 310
 MAIN STREET
 ALACHUA FL 32615

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1905615

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

CHIEFFI, ANGELO J
8717 NW 176 TERR
ALACHUA FL 32615

Name

HOGUE, DENNIS R.

Street Address (P.O. Box Number is Not Acceptable)

2910 N.W. 19th Ave

City

High Springs

FL

Zip Code

32643

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]

Signature, typed or printed name of registered agent and fee applicable.

(NOTE: Registered Agent signature required when reinstating)

01/30/01

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TC
ALLIGOOD, BRUCE H
16702 WEST CO RD
ALACHUA FL 32615

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TD
CHIEFFI, ANGELO J.
8717 NW 176 TERR
ALACHUA FL

☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TD
HOGUE, DENNIS R
2910 N.W. 19th AVE
High Springs FL 32643

☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

T
ROSE, BOBBY D.
130 S.E. 5TH AVENUE
ALACHUA FL

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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 CITY-ST-ZIP

☐ Change ☐ Addition

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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/30/01 (352) 392-4298
 Date Daytime Phone #

CR2E037 (10/00)