**FILED** 

Jul 07, 2003 8:00 am Secretary of State

## 2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # N0100003845

1. Entity Nam	GREGORY POST NO. 63, INC				07-07-2003 901 44	034 ****61.2	25	
271 W PLANT ST PO B		Mailing Address PO BOX 771041 WINTER GARDEN FL 34777-10	41		·			
2. Principal P	face of Business	3. Mailing Address						
Suite, Apt. #, etc. S		Suite, Apt. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES			
City & State		City & State	City & State		4. FEI Number <b>59-6200719</b> Applied For Not Applicable			
Zip	Country	Zip	Country	5. Certifica	ate of Status Desired	\$8.75 Add	ditional	
	6. Name and Address of Current R	egistered Agent	5 may 2 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 -	~~ ~ 7. Name a	nd Address of New Registe	red Agent 💝 *		
Name .				ROBERT WARREN .				
BRIERE, I 603 RIDG	EMIL J EFIELD AVE			Street Address (P.O. Box Number is Not Acceptable) 516 GRAND ROYAL CIRCLE				
OCOEE F								
			City	WINTER GAI	PDEN	FL Zip Code	_	
-SIGNATURE	Signature, typed or printed name of registered agent and FILE NOW: FEE IS \$61.25	9. Election Camp. Trust Fund Con	aign Financing	ure required when reinstating)  \$5.00 Ma  Added to Fe	y Be Make Ch	neck Payable partment of S		
10.	OFFICERS AND DIRE	CTORS	11.	ADDITIONS/0	CHANGES TO OFFICERS AN	D DIRECTORS IN	10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Boyer, Kathryn o 611 Palomas Ave Ocoee Fl 34761	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ð V		<b>⊠</b> Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BRIERE, EMIL J 603 RIDGEFIELD AVE OCOEE FL 34761	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLEN HUNG 576 GARDE	ERFORD N HEIGHTS DR RDEN, FL 347	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Warren, Robert H 639 Bay CT Orlando Fl 34761	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD 516 GRAND	ROYAL CIRCLI	⊠ Change E	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WILLIAMS, TERRY L 704 SPRING CREEK DR OCOEE FL 34761	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY_ST_ZIP	VD FLEMING, JIM 511 ORANGE AVE	☐ Delete	TITLE NAME STREET ADDRESS	SDÿ		<b>∑</b> 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DAVID A. BOYER

611 PALOMAS AV

OCOEE, FL 34761

SIGNATURE:

SLAYDEN, BERT

1322 APOPKA BLVD

APOPKA FL 32703

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Delete

407-905-9194

☐ Change

Addition