

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01781

1. Entity Name

LEISUREVILLE POST NO. 10150 VETERANS OF FOREIGN

Principal Place of Business

LEISUREVILLE
BOYNTON BEACH FL 33426
US

Mailing Address

P O BOX 833
BOYNTON BEACH FL 33425-0833

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

59-1602695

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

ZIMMERMAN, ROBERT
811 SW 18 CT
BOYNTON BCH FL 33426

Name

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

City

FL

Zip Code

8. The above named entity certifies that the information 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 address (NOTE: Registered Agent signature required when reinstating)

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 **T** ☒ Delete
NAME **BORGMAN, RAY**
STREET ADDRESS **1108 OCEAN DRIVE**
CITY-ST-ZIP **BOYNTON BEACH FL 33426**

TITLE ☐ Change ☐ Addition
NAME **MICHAEL MICALFE**
STREET ADDRESS **2385 S.W. TERRACE**
CITY-ST-ZIP **13th BOYNTON BEACH FL 33426**

TITLE **T** ☐ Delete
NAME **MARTINELLI, HAROLD D**
STREET ADDRESS **1507 SW 21 ST**
CITY-ST-ZIP **BOYNTON BEACH FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VDC** ☐ Delete
NAME **ZIMMERMANN, ROBERT**
STREET ADDRESS **811 SW 18TH CT**
CITY-ST-ZIP **BOYNTON BCH FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **ROMAS, PETER**
STREET ADDRESS **814 SW 18 CT**
CITY-ST-ZIP **BOYNTON BEACH FL 33426**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **C** ☐ Delete
NAME **JOYCE, DONALD**
STREET ADDRESS **803 SW 7TH AVE**
CITY-ST-ZIP **BOYNTON BEACH FL 33426**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90051 016 ****61.25

642235



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)