

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N09012

1. Entity Name

MASSEY-PETREY, POST NO. 4285 VETERANS OF FOREIGN

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90126 038 ****70.00

Principal Place of Business

Mailing Address

1001 INGRAHAM AVENUE
HAINES CITY FL 33844

P.O. BOX 2204
HAINES CITY FL 33845-2204

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

NOT APPLICABLE

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

JENNINGS, CHARLES R.
2308 MASON AVENUE
HAINES CITY FL 33844

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

T ☐ Delete
NAME THOMPSON, KENNETH C.
STREET ADDRESS 405 NANCY DR
CITY-ST-ZIP HAINES CITY FL

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

T ☐ Delete
NAME BACON, HAROLD L
STREET ADDRESS 904 S 15TH ST
CITY-ST-ZIP HAINES CITY FL

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

D ☐ Delete
NAME JENNINGS, CHARLES R.
STREET ADDRESS 2308 MASON AVE.
CITY-ST-ZIP HAINES CITY FL

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

T ☐ Delete
NAME CAMPBELL, GEORGE
STREET ADDRESS 40 FERN CRESCENT DR.
CITY-ST-ZIP DAVENPORT FL 33837

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

☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ 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:

CHARLES R. JENNINGS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1/19/2000

Daytime Phone # 422-528

CR2E037 (9/99)