2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2000 8:00 am
Secretary of State
02-24-2000 90072 046 ****61.25

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DO NOT WRITE IN THIS SPACE

1. Entity Name

FORT PIERCE WESTSIDE POST NO. 8058
VETERANS OF FOREIGN WARS

Principal Place of Business	Mailing Address
% PETER CAMACHO 3475 DOUGLAS RD FORT PIERCE FLA 34951 U.S.	% PETER CAMACHO P.O. BOX 1765 FORT PIERCE FL. 34954-1765

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 59-2311743 ☐ 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
CAMACHO, PETER 13501 OKEECHOBEE ROAD FORT PIERCE FL. 34945	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

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	VP AMAR HARRY 1046 TRINADE AVE FT. PIERCE FL. 34954	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SCHWARTZ, RICHARD 207 E KRBOR AVE PORT ST. LUCIE FL 34954	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DAVID S. ADDISON 6005 CASSIA DR. FT PIERCE FL. 34982 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CAMACHO, PETER 13501 OKEECHOBEE ROAD FORT PIERCE FL 34954	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KOTSCHI, ROBERT K-6 PLANTATION BLVD. FT. PIERCE FLA 34954	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BEAGLE, PAUL 933 S.W. BAY STATE RD PORT ST LUCIE FL. 34953	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P.D SCHWARTZ, RICHARD 207 E ARBOR AVE. PORT ST. LUCIE 34953	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P.D.S JOE KAVINTA 623 SO. 12TH ST FORT PIERCE FL. 34950 ☐ Change ☒ Addition

CR2E037 (9/99)

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: PETER CAMACHO Peter Camacho JAN. 26, 2000 561-464-1830
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #