# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Feb 07, 2001 8:00 am**
**Secretary of State**
02-07-2001 90197 001 ****61.25

DOCUMENT # N14872

1. Entity Name

FORT PIERCE WESTSIDE POST NO. 8058 VETERANS OF F

| Principal Place of Business | Mailing Address |
|---|---|
| %PETER CAMACHO<br>3475 DOUGLAS RD<br>FORT PIERCE FL 34951<br>US | %PETER CAMACHO<br>PO BOX 1765<br>FORT PIERCE FL 34954-1765<br>US |

UUU15364

DO NOT WRITE IN THIS SPACE

| 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<br>13501 OKEECHOBEE ROAD<br>FORT PIERCE FL 34945 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>AMAR, HARRY<br>1046 TRINADE AVE<br>FT. PIERCE FL 34954 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>PACHECO, JOSEPH J<br>1116 CLUB DR<br>FORT PIERCE, FLA 34982 | ☒ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>ADDISON, DAVID S<br>6005 CASSIA DR<br>FORT PIERCE FL 34982 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>OLIVER, MARVIN<br>17 MANOR DR.<br>FORT PIERCE, FLA 34982 | ☒ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>CAMACHO, PETER<br>13501 OKEECHOBEE ROAD<br>FORT PIERCE FL 34954 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>KOTSCHI, ROBERT<br>K-6 PLANTATION BLVD<br>FT. PIERCE FL 34954 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>BEAGLE, PAUL<br>933 SW BAY STATE ROAD<br>PORT ST LUCIE FL 34953 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PDS<br>KAVINTA, JOE<br>623 S 12TH ST<br>FORT PIERCE FL 34950 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (10/00)

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 TREASURER Peter Camacho FEB 2, 2001 561-464-1830
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #