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

FILED
Apr 14, 2003 8:00 am
Secretary of State
04-14-2003 90041 008 ****61.25

DOCUMENT # N14872

1. Entity Name

FORT PIERCE WESTSIDE POST NO. 8058 VETERANS OF F OREIGN WARS OF THE UNITED STATES, INC.

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

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PACHECO, JOSEPH J 1116 CLUB DRIVE FORT PIERCE FL 34982	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP OLIVER, MARVIN 17 MANOR DRIVE FORT PIERCE FL 34982	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP KANE ROBERT F 306 TROPICAL ISLES CIR FORT PIERCE FLA 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 DIEHL, HENRY 6122 NW DAROCO TERRACE PORT ST LUCIE FL 34948	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BEAGLE, PAUL 933 SW BAY STATE ROAD PORT ST LUCIE FL 34953	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PDS KAVINTA, JOE 623 S 12TH ST FORT PIERCE FL 34950	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SCHWARTZ, RICHARD 207 E ARBOR AVE PORT ST LUCIE, FLA 34952	☒ Change ☒ Addition

CR2E037 (10/02)

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 APR. 10, 03 772-464-1830