

# 2000 UNIFORM BUSINESS REPORT (UBR)

2

DOCUMENT # N25792

1. Entity Name

POST NAME ROLLING GREENS POST NO. 2009 VETERANS

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**

02-04-2000 90072 017 \*\*\*\*61.25

Principal Place of Business Mailing Address  
P.O. BOX 1973 ROLLING GREENS EAST GLENEAGLES SILVER SPRINGS FL 34489 US  
P.O. BOX 1973 ROLLING GREENS EAST GLENEAGLES SILVER SPRINGS FL 34489-1973 US

2. Principal Place of Business 3. Mailing Address  
ROLLING GREENS Club Hse VFW Post 2009

Suite, Apt. #, etc. Suite, Apt. #, etc.  
Box 831054 Box 831054

City & State City & State  
Ocala FL Ocala, FL

Zip Country Zip Country  
34483 USA 34483 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2856598 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

DELANEY, DONALD 1797 CYPRESS POINT RD Ocala FL 34472  
Name CHARLES VANLEAR  
Street Address (P.O. Box Number is Not Acceptable)  
1903 La Quinta Rd  
City Ocala FL Zip Code 34472

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 Eugene Portwine, D.M. 3-3-00  
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 \$5.00 May Be Added to Fees  
Trust Fund Contribution

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	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
	D	MADIGAN, MICHAEL G	1735 INDIAN WELLS AVE OCALA FL 34472	<input checked="" type="checkbox"/>	GM	D Eugene Portwine	902 Pecan Pass Ocala, FL 34472		<input checked="" type="checkbox"/>	<input type="checkbox"/>
	D	RUYSBROEK, JOHN	6512 D LAKEWOOD DR. OCALA FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	D	HILL, WALTER	212C E GLENEAGLES OCALA FL 34472	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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: EUGENE PORTWINE Eugene Portwine 352-680-1159  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)