

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N25792

1. Entity Name

POST NAME ROLLING GREENS POST NO. 2009 VETERANS

Principal Place of Business

P.O. BOX 831054
ROLLING GREENS, EAST GLENEAGLES
OCALA FL 34483
US

Mailing Address

P.O. BOX 831054
ROLLING GREENS, EAST GLENEAGLES
OCALA FL 34483
US

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

59-2856598

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

VANLEAR, CHARLES

1903 LA QUINTA RD.
OCALA FL 34472

Name

OTTO G. LADISH

Street Address (P.O. Box Number is Not Acceptable)

1003-B, W. GLENEAGLE 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

Otto G. Ladish, SM

1-27-01

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	D	<input checked="" type="checkbox"/> Delete
NAME	MADIGAN, MICHAEL G	
STREET ADDRESS	1735 INDIAN WELLS AVE	
CITY-ST-ZIP	OCALA FL 34472	
TITLE	D	<input type="checkbox"/> Delete
NAME	RUYSBROEK, JOHN	
STREET ADDRESS	6512 D LAKEWOOD DR.	
CITY-ST-ZIP	OCALA FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HILL, WALTER	
STREET ADDRESS	212C E GLENEAGLES	
CITY-ST-ZIP	OCALA FL 34472	
TITLE	D	<input type="checkbox"/> Delete
NAME	KELLY, JERRY	
STREET ADDRESS	1704 INDIAN WELLS AVE	
CITY-ST-ZIP	OCALA, FL 34472	
TITLE	D	<input type="checkbox"/> Delete
NAME	LADISH, OTTO G	
STREET ADDRESS	1003B W. GLENEAGLE RD.	
CITY-ST-ZIP	OCALA, FL 34472	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY JERRY	
STREET ADDRESS	1704 INDIAN WELLS AVE.	
CITY-ST-ZIP	OCALA, FL 34472	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LADISH, OTTO G	
STREET ADDRESS	1003-B, W. GLENEAGLE RD	
CITY-ST-ZIP	OCALA, FL 34472	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Otto G. Ladish

OTTO G. LADISH 1-27-01 352-624-1757

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90135 012 ****61.25

911489



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)