

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90026 035 ****61.25

DOCUMENT # N25792

1. Entity Name

**POST NAME ROLLING GREENS POST NO. 2009 VETERANS
 OF FOREIGN WARS OF THE UNITED STATES, INC.**

Principal Place of Business

Mailing Address

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

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

ROLLING GREENS

3. Mailing Address

PO BOX 831054

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CLUB HOUSE, W. GLENEAGLES ROLLING GREENS

City & State

OCALA, FL

City & State

OCALA, FL

4. FEI Number

59-2856598

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

Zip

Country

Zip

Country

34472

MARION

34483-1054

MARION

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LADISH, OTTO G
 1003-B, W. GLENEAGLE RD
 OCALA FL 34472**

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

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** ☐ Delete
 NAME **RUYSBROEK, JOHN**
 STREET ADDRESS **6512 D LAKEWOOD DR.**
 CITY-ST-ZIP **OCALA FL**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **D** ☒ Delete
 NAME **KELLY, JERRY**
 STREET ADDRESS **1704 INDIAN WELLS AVE.**
 CITY-ST-ZIP **OCALA FL 34472**

TITLE ☒ Change ☐ Addition
 NAME **DROST, ROBERT**
 STREET ADDRESS **6603 D LAKEWOOD DR**
 CITY-ST-ZIP **OCALA, FL. 34472**

TITLE **D** ☐ Delete
 NAME **LADISH, OTTO G**
 STREET ADDRESS **1003-B W. GLENEAGLE RD**
 CITY-ST-ZIP **OCALA FL 34472**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

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 3-11-02 352-624-1757

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)