

01-15-2003 90284 044 ****61.25

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

1/
1/

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
ROLLING GREENS CLUB HOUSE **P.O. BOX 831064**
W GLENEAGLES **ROLLING GREENS**
OCALA FL 34472 **OCALA FL 34433-1064**
US **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 **59-2858598** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
LADISH, OTTO G
1003-B, W. GLENEAGLE RD
OCALA FL 34472

7. Name and Address of New Registered Agent
 Name **HARRY ASH**
 Street Address (P.O. Box Number is Not Acceptable)
6896A Holyoke Ct
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Harry Ash* **QUARTERMASTER** *Harry Ash* **2/10/2003**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) 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

| | | |
|---------------------------------------|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D RUYSBROEK, JOHN 6512 D LAKEWOOD DR. OCALA FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DROST, ROBERT 6803D LAKEWOOD DRIVE OCALA FL 34472 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LADISH, OTTO G 1003-B W. GLENEAGLE RD OCALA FL 34472 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|---------------------------------------|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Commander Charles Boice 1809 Cypress Pt. Rd Ocala, 34472 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Quartermaster Harry Ash 6896A Holyoke Ct Ocala, Fl. 34472 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> 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: *Harry Ash* **HARRY ASH** **624-1792**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)