

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N27699

1. Entity Name

MULBERRY - SO. LAKELAND POST 6925 VETERANS OF FO

Principal Place of Business

Mailing Address

4204 SO. FLORIDA AVE.  
SUITE 1  
LAKELAND FL 33813  
US

P O BOX 634  
MULBERRY FL 33860-0634  
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

59-2903978

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

GOODWIN, ALLEN G  
6135 DOVECREST TRAIL  
LAKELAND FL 33810

Name **WILSON JAMES H.**

Street Address (P.O. Box Number is Not Acceptable)  
**4693 TURNER ROAD**

City **MULBERRY**

**FL**

Zip Code  
**33860**

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.

*James H. Wilson*  
(NOTE: Registered Agent signature required when reinstating)

01/12/00

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 ☐ Delete  
NAME **TR WILSON, RONALD L**  
STREET ADDRESS **1318 WATERVIEW BLVD W.**  
CITY-ST-ZIP **LAKELAND FL 33801**

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

TITLE ☐ Delete  
NAME **BTST ODETT, JOESPH F**  
STREET ADDRESS **56 THREE IRON DR**  
CITY-ST-ZIP **MULBERRY FL 33860**

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

TITLE ☒ Delete  
NAME **VDT LEWIS, JULIUS C**  
STREET ADDRESS **5401 YARBOROUGH LN.**  
CITY-ST-ZIP **LAKELAND FL 33813**

TITLE ☐ Change ☒ Addition  
NAME **VBT GOODWIN, ALLEN G.**  
STREET ADDRESS **6135 DOVECREST TRAIL**  
CITY-ST-ZIP **LAKELAND, FL. 33810**

TITLE ☒ Delete  
NAME **TR WESLING, EOGAR C**  
STREET ADDRESS **807 HENNESSEE**  
CITY-ST-ZIP **LAKELAND FL 33801**

TITLE ☐ Change ☒ Addition  
NAME **TR INDRUNAS, JOHN (nmi)**  
STREET ADDRESS **103 A, EIGHT IRON DR.**  
CITY-ST-ZIP **MULBERRY, FL. 33860**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *James H. Wilson* **JAMES H. WILSON**

01/12/00 863-647-5280

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #