

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N27699**

1. Entity Name

MULBERRY - SO. LAKE LAND POST 6925 VETERANS OF FO

Principal Place of Business

**4204 SO. FLORIDA AVE.
SUITE I
LAKE LAND FL 33813
US**

Mailing Address

**P O BOX 634
MULBERRY FL 33860
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

**WILSON, JAMES H
4693 TURNER RD
MULBERRY FL 33860**

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	TR	<input checked="" type="checkbox"/> Delete
NAME	WILSON, RONALD L	
STREET ADDRESS	1318 WATERVIEW BLVD W.	
CITY-ST-ZIP	LAKE LAND FL 33801	

TITLE	TR	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TEETS, WARREN W.	
STREET ADDRESS	3424 SOUTHCREST BLVD.	
CITY-ST-ZIP	LAKE LAND FL 33813	

TITLE	BTST	<input type="checkbox"/> Delete
NAME	ODETT, JOESPH F	
STREET ADDRESS	56 THREE IRON DR	
CITY-ST-ZIP	MULBERRY FL 33860	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TR	<input type="checkbox"/> Delete
NAME	INSRUNAS, JOHN	
STREET ADDRESS	103 A EIGHT IRON DR	
CITY-ST-ZIP	MULBERRY FL 33860	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VBT	<input type="checkbox"/> Delete
NAME	GOODWIN, ALLEN G	
STREET ADDRESS	6135 DOVECREST TRAIL	
CITY-ST-ZIP	LAKE LAND FL 33810	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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: Allen G. Goodwin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90103 046 ****61.25

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DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)