

# 2001 UNIFORM BUSINESS REPORT (UBR)

4/2

**FILED**  
**May 22, 2001 8:00 am**  
**Secretary of State**

04-24-2001 90051 014 \*\*\*\*61.25

**DOCUMENT # N28782**

1. Entity Name

LT. COL. JOHN M. GERANT MEMORIAL POST 245, THE A

Principal Place of Business

22700 VISTAWOOD  
 BOCA RATON FL 33428  
 US

Mailing Address

22700 VISTAWOOD  
 BOCA RATON FL 33428  
 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

59-2621505

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

BLUMBERG, GERALD  
 22700 VISTA WOOD  
 BOCA RATON FL 33428

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                           | <input checked="" type="checkbox"/> Delete |
| NAME           | END, NORMAN                 |  |
| STREET ADDRESS | 11970 N BRANCH RD           |  |
| CITY-ST-ZIP    | BOCA RATON FL 33428         |  |
| TITLE          | T                           | <input type="checkbox"/> Delete            |
| NAME           | ARONIN, HERB                |  |
| STREET ADDRESS | 4069 YARMOUTH #B            |  |
| CITY-ST-ZIP    | BOCA RATON FL 33434         |  |
| TITLE          | T                           | <input checked="" type="checkbox"/> Delete |
| NAME           | LESTER, EUGENE              |  |
| STREET ADDRESS | 8931 SW 18TH ROAD           |  |
| CITY-ST-ZIP    | BOCA RATON FL               |  |
| TITLE          | ADJ                         | <input type="checkbox"/> Delete            |
| NAME           | BLUMBERG, GERALD            |  |
| STREET ADDRESS | 22700 VISTAWOOD WAY         |  |
| CITY-ST-ZIP    | BOCA RATON FL 33428         |  |
| TITLE          | T                           | <input type="checkbox"/> Delete            |
| NAME           | MATTHEW RAO                 |  |
| STREET ADDRESS | 9321 KETAY CIR              |  |
| CITY-ST-ZIP    | BOCA RATON FL 33428         |  |
| TITLE          | T                           | <input checked="" type="checkbox"/> Delete |
| NAME           | MARTIN SCHMAUCH             |  |
| STREET ADDRESS | 6909 N CAMINO REAL # TH 117 |  |
| CITY-ST-ZIP    | BOCA RATON FL 33433         |  |

|                |                     |  |
|----------------|---------------------|--|
| TITLE          | COMMANDER           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | JOHN MOGOR          |  |
| STREET ADDRESS | 8392 D TRENT        |  |
| CITY-ST-ZIP    | BOCA RATON FL 33433 |  |
| TITLE          |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                     |  |
| STREET ADDRESS |                     |  |
| CITY-ST-ZIP    |                     |  |
| TITLE          | FINANCE             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | PHIL SORSCHER       |  |
| STREET ADDRESS | 8915 OLD PINE RD    |  |
| CITY-ST-ZIP    | BOCA RATON FL 33433 |  |
| 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)