

2002 UNIFORM BUSINESS REPORT (UBR)

4/2

FILED
May 29, 2002 8:00 am
Secretary of State

04-29-2002 90212 030 ****70.00

DOCUMENT # N33476

1. Entity Name

WEST HOLLYWOOD POST #308, INC.

Principal Place of Business

**2349 SW VALE ST.
 PORT ST. LUCIE FL 34953-7426
 US**

Mailing Address

**2349 SW VALE ST.
 PORT ST. LUCIE FL 34953-7426
 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

59-6200349

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**BOCHENECK, LEO L
 5792 SW 35 AVE
 HOLLYWOOD FL 33312**

7. Name and Address of New Registered Agent

Name **Virgil, Carolyn M.**

Street Address (P.O. Box Number is Not Acceptable)
17440 NW 38 AVE.

City **Okeechobee**

FL

Zip Code
34972

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

Carolyn M. Virgil **CAROLYN M. VIRGIL**

04/15/02

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

TITLE	DP	<input type="checkbox"/> Delete
NAME	VIRGIL, CAROLYN	
STREET ADDRESS	17440 NW 38TH AVENUE	
CITY-ST-ZIP	OKEECHOBEE FL 34972	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	GLADWIN, PATRICK	
STREET ADDRESS	8421 NW 7TH CT.	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	BOCHENECK, LEO J	
STREET ADDRESS	5792 SW 35 AVENUE	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	PENNOTTI, MICHAEL	
STREET ADDRESS	5731 SW 33RD TERR	
CITY-ST-ZIP	FORT LAUDERDALE FL 33312	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Huling, George J.	
STREET ADDRESS	12840 Vista Isles Dr, Apt. 628	
CITY-ST-ZIP	Sunrise, FL 33325-1338	
TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bailey, Elmer G.	
STREET ADDRESS	2349 SW Vale Street	
CITY-ST-ZIP	Port St. Lucie, FL 34953-7426	
TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Charles Perkins	
STREET ADDRESS	17440 NW 38 Avenue	
CITY-ST-ZIP	Okeechobee, FL 34972	
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:

Carolyn M. Virgil **CAROLYN M. VIRGIL**

04/15/02

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)