

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N37130

1. Entity Name

BRADFORD COUNTY MEMORIAL, POST NO. 1016, VETERAN

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90106 040 ****61.25

Principal Place of Business

POST OFFICE BOX 367
STARKE FL 32091-0367

Mailing Address

POST OFFICE BOX 367
STARKE FL 32091-0367

2. Principal Place of Business

250 N. Bay St.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Starke, FL.

City & State

Zip

32091

Country

USA

Country

4. FEI Number

59-2930629

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHAEFER, CHARLES
500 S. WESTMORELAND STREET
PO BOX 992
STARKE FL 32091

7. Name and Address of New Registered Agent

Name
David Peace
Street Address (P.O. Box Number is Not Acceptable)
Rt. 4 Box 809
City
Starke FL Zip Code
32091

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 David Peace

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

01/10/01

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 NAME STREET ADDRESS CITY-ST-ZIP	T SCOGGINS, WILLIAM B 1732 E CALL ST STARKE FL 32091	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROMAS-VARGAS, FELIX 419 WATER STREET STARKE FL 32091	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	QM-T SCHAEFER, CHARLES 500 S. WESTMORELAND STREET STARKE FL 32091	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WILLIAMS, SIDNEY J 1206 DELL STREET STARKE FL 32091	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVC ADKINS, CECIL P.O. BOX 265 RAIFORD FL 32083	<input checked="" 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	ADD M David Peace Rt. 4 Box 809 Starke FL 32091	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D William E. Dampier 5292 SE SR 160 Starke FL 32091	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gary L. Searcy 1257 NW 251st Street Lawtey, FL 32058	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Christine Peace Rt. 4 Box 809 Starke, FL 32091	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Carla Bitancor 3904 Peach Drive Jacksonville, FL 32246	<input checked="" 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 657, 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)