

2000 UNIFORM BUSINESS REPORT (UBR)

4/

DOCUMENT # N41684

1. Entity Name

WHITE CITY POST 358, INCORPORATED, THE AMERICAN

Principal Place of Business

3223 SOUTH US #1
FORT PIERCE FL 34982

Mailing Address

3223 SOUTH US #1
FORT PIERCE FL 34982

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0226753

Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

BALSAM, VERA A
9403 BRITAIN AVENUE
FT. PIERCE FL 34982

7. Name and Address of New Registered Agent

Name EDWARD F. KEPPLER

Street Address (P.O. Box Number is Not Acceptable)

257 NIGHTINGALE AVE

City

FT PIERCE

FL

Zip Code

34982

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

EDWARD F. KEPPLERFINANCE OFFICER4-14-00

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 FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	GILBERT, ALTON L	
STREET ADDRESS	303 E. WEATHERBEE RD.	
CITY-ST-ZIP	FT PIERCE FL 34982	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	TURNER, ROY J	
STREET ADDRESS	601 AVENUE B #408	
CITY-ST-ZIP	FT PIERCE FL 34982	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	OSS, PHILLIP L SR	
STREET ADDRESS	6 LAZY LANE	
CITY-ST-ZIP	FT PIERCE FL 34982	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KAY, TED	
STREET ADDRESS	1 LAZY HAMMOCK LANE	
CITY-ST-ZIP	FT. PIERCE FL 34952	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Joseph J Pacheco	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1116 CLUB DR	
STREET ADDRESS	FT PIERCE, FL 34962-3537	
CITY-ST-ZIP		
TITLE	JOE TORRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	25 SERINDIPITY AVE	
STREET ADDRESS	FT PIERCE FL 34982	
CITY-ST-ZIP		
TITLE	JAMES ADAMS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5195 MARGARET ANN	
STREET ADDRESS	FT PIERCE FL 34946	
CITY-ST-ZIP		
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Edward F. Kepple 5/13/00

561-595-0656

CR2E037 (9/99)