

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N47204

1. Entity Name

CRESTVIEW, POST NO. 5450, VETERANS OF FOREIGN WA

FILED
Mar 17, 2000 8:00 am
Secretary of State

03-17-2000 90017 045 ****61.25

Principal Place of Business	Mailing Address
2240 W JAMES LEE BLVD CRESTVIEW FL 32536 US	2240 W JAMES LEE BLVD CRESTVIEW FL 32536-5418 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country

4. FEL Number	Applied For
59-2898228	Not Applicable

5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	

6. Name and Address of Current Registered Agent
BEIER, WILLIAM 3142 EARL KENNEDY RD. CRESTVIEW FL 32539

7. Name and Address of New Registered Agent		
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. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	DP <input type="checkbox"/> Delete
NAME	BEIER, WILLIAM
STREET ADDRESS	3142 EARL KENNEDY RD.
CITY-ST-ZIP	CRESTVIEW FL
TITLE	DV <input checked="" type="checkbox"/> Delete
NAME	MAY, BOBBY
STREET ADDRESS	4045 PAINTER BRANCH RD.
CITY-ST-ZIP	CRESTVIEW FL
TITLE	DV <input checked="" type="checkbox"/> Delete
NAME	ROBERTS, THOMAS S
STREET ADDRESS	658 RIDGELAKE RD.
CITY-ST-ZIP	CRESTVIEW FL
TITLE	DT <input checked="" type="checkbox"/> Delete
NAME	FLICK, ROGER P
STREET ADDRESS	826 MAYO TRAIL LOT 14
CITY-ST-ZIP	CRESTVIEW FL
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	DV <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EARL, DAVID J
STREET ADDRESS	5130 FRANK PITTMAN RD
CITY-ST-ZIP	MILTON, FL 32570
TITLE	DV <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIDBALL, NEIL
STREET ADDRESS	1304 E. JAMES LEE BLVD
CITY-ST-ZIP	CRESTVIEW, FL 32539
TITLE	DT <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BREWER, RICHARD E.
STREET ADDRESS	4600 WILKERSON BLUFF RD
CITY-ST-ZIP	HOLT, FL 32564
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: WILLIAM R. BEIER 3-14-00 850 682-8552
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #