## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED Apr 25, 2001 8:00 am Secretary of State **DOCUMENT # N47204** 1. Entity Name CRESTVIEW, POST NO. 5450, VETERANS OF FOREIGN WA 04-25-2001 90050 044 \*\*\*\*61.25 Mailing Address Principal Place of Business 2240 W JAMES LEE BLVD 2240 W JAMES LEE BLVD CRESTVIEW FL 32536 CRESTVIEW FL 32536 LIS 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. SAME Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2898228 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BEIER, WILLIAM 3142 EARL KENNEDY RD. CRESTVIEW FL 32539 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 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: Trust Fund Contribution. **Department of State** FEE IS \$61.25 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Addition Delete TITLE TITLE BEIER, WILLIAM NAME NAME STREET ADDRESS STREET ADDRESS 3142 EARL KENNEDY RD. CITY-ST-ZIP CITY-ST-ZIP CRESTVIEW FL D۷ Delete TITLE DV TITLE EARL, DAVID J NAME SPANGLER, LYLE NAME 2240 N. JANES LEE ALVO. STREET ADDRESS 5130 FRANK PITTMAN RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MILTON FL 32570 D۷ ☑ Delete TITLE Change ☐ Addition TITI F SIDDALL, NEIL NAME NAME 212 LUSTIN DR. 1304 E. JAMES LEE BLVD STREET ADDRESS STREET ADDRESS DIWHITNEY RICHARD D. Change 278 SEMINOTE TRL. CITY-ST-ZIP CITY-ST-ZIP CRESTVIEW FL 32534 Delete TITLE TITLE RICHARD, BREWER E NAME NAME STREET ADDRESS STREET ADDRESS 4600 WILKERSON BLUFF RD CRESTVIEW, FL. 32536 CITY-ST-ZIP CITY-ST-7IP **HOLT FL 32564** TITLE ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.