

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N49413**

1. Entity Name

PAUL J. YOHMAN MEMORIAL VFW POST 7115, INC.

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90020 005 ****61.25

Principal Place of Business

**6561 SUNSET STRIP
SUNRISE FL 33313**

Mailing Address

**6561 SUNSET STRIP
SUNRISE FL 33313-2838**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-6209824

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DEMBICKI, HARRY
6561 SUNSET STRIP
SUNRISE FL 33313**

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. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KUEBLER, JOSEPH W	
STREET ADDRESS	6561 SUNSET STRIP	
CITY-ST-ZIP	SUNRISE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHARP, RONALD	
STREET ADDRESS	6561 SUNSET STRIP	
CITY-ST-ZIP	SUNRISE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, ROBERT N	
STREET ADDRESS	2421 N.W. 82ND WAY	
CITY-ST-ZIP	SUNRISE FL 33322	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEMBICKI, HARRY	
STREET ADDRESS	6561 SUNSET STRIP	
CITY-ST-ZIP	SUNRISE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POWER, LAR J.	
STREET ADDRESS	5981 N.W. 74TH PL.	
CITY-ST-ZIP	SUNRISE, FL 33313	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANDERSON, JOHN	
STREET ADDRESS	3048 SUNRISE LAKES DR, APT. 420 BLDG 2	
CITY-ST-ZIP	SUNRISE, FL 33322	
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		
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 OF HARRY DEMBICKI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-26-2000

CR2E037 (9/99)