

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2000 8:00 am**  
**Secretary of State**

03-06-2000 90004 047 \*\*\*\*70.00

00034339



DO NOT WRITE IN THIS SPACE

**DOCUMENT # N50359**

1. Entity Name

**VARGA - VILET AMVETS POST 793, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 1654  
 LAKE PANASOFFKEE FL 33538

P.O. BOX 1654  
 LAKE PANASOFFKEE FL 33538-1654

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3068339**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ X

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PLYMESSER, JOHN H**  
**4471 SW 129TH BLVD**  
**BUSHNELL FL 33513**

Name

**Jeanne Larson**

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

**1081 CR 479**

City

**Lake Panasoffkee**

**FL**

Zip Code

**33538**

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

**JEANNE LARSON**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**2-29-00**

**FILE NOW:**  
**FEF 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P**  
 NAME **PLYMESSER, JOHN H**  
 STREET ADDRESS **4471 SW 129TH BLVD - PO BOX 1266**  
 CITY-ST-ZIP **BUSHNELL FL**

☒ Delete

TITLE **P**  
 NAME **Jeanne Larson**  
 STREET ADDRESS **1081 CR 479**  
 CITY-ST-ZIP **Lake Panasoffkee, FL 33538**

☐ Change ☒ Addition

TITLE **V**  
 NAME **NORMAN, GEORGE**  
 STREET ADDRESS **P O BOX 1374 N/A**  
 CITY-ST-ZIP **LAKE PANASOFFKEE FL 33538**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **VD**  
 NAME **CLOYNE, RAY**  
 STREET ADDRESS **3488 JODI WEST DRIE**  
 CITY-ST-ZIP **DADE CITY FL**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **SD**  
 NAME **HARVEY, BERNADINE R**  
 STREET ADDRESS **1336 CR 459- LOT 6 - P O BOX 984**  
 CITY-ST-ZIP **LAKE PANASOFFKEE FL 33538**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **TD**  
 NAME **VILET, EVELYN**  
 STREET ADDRESS **1101 CR 457-PO BOX 576**  
 CITY-ST-ZIP **LAKE PANASOFFKEE FL 33538**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ 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 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:

**BERNADINE R. HARVEY**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-29-00**

**352-793-6133**

Date

Daytime Phone #

CR2E037 (9/99)