4/19

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State
04-19-2001 90001 001 ****70.00

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

DO NOT WRITE IN THIS SPACE

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

4. FEI Number 59-3068339 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LARSON, JEANNE
1081 CR 479
LAKE PANASOFFKEE FL 33538

7. Name and Address of New Registered Agent

Name: John H. Plymesser
Street Address (P.O. Box Number is Not Acceptable): 4471 SW 129th. Blvd.
City: Webster **FL** Zip Code: 33597

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: John H. Plymesser John H. Plymesser 5-1-01
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LARSON, JEANNE 1081 CR 479 LAKE PANASOFFKEE FL 33538	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Plymesser, John H 4471 SW 129th. Blvd. Webster, Fl. 33597	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V NORMAN, GEORGE P O BOX 1374 N/A LAKE PANASOFFKEE FL 33538	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Fones, Randol P. 1038 CR 482C Lake Panasoffkee, Fl 33538	X☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD CLOYNE, RAY 3488 JODI WEST DRIE DADE CITY FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HARVEY, BERNADINE R 1336 CR 459- LOT 6 - P O BOX 984 LAKE PANASOFFKEE FL 33538	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD VILET, EVELYN 1101 CR 457-PO BOX 576 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

CR2E037 (10/00)

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: Evelyn F. Vilet EVELYN F VILET 4-2-01 352-793-3577
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #