

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N51086

1. Entity Name

DUNNELLON POST NO. 7991 VETERANS OF FOREIGN WARS

FILED
Jan 22, 2000 8:00 am
Secretary of State

01-22-2000 90032 027 ****61.25

Principal Place of Business

Mailing Address

POST OFFICE BOX 2714
DUNNELLON FL 34430
US

POST OFFICE BOX 2714
DUNNELLON FL 34430-2714
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2934316

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HACKER, ROBERT A.
8783 N. RONDA DRIVE
CITRUS SPRINGS FL

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 type="checkbox"/> Delete |
| NAME | HALES, JAMES P., III | |
| STREET ADDRESS | 12119 NO. MILLRUSH PT. | |
| CITY-ST-ZIP | DUNNELLON FL 34434 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | PALUMBO, ALEXANDER A. | |
| STREET ADDRESS | 20431 S.W. 83RD PLACE | |
| CITY-ST-ZIP | DUNNELLON FL 34431 | |
| TITLE | S/T | <input type="checkbox"/> Delete |
| NAME | HACKER, ROBERT A. | |
| STREET ADDRESS | 8783 N. RONDA DRIVE | |
| CITY-ST-ZIP | CITRUS SPRINGS FL 34433 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| 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 | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BYRON KEARBEY. | |
| STREET ADDRESS | 9976 S.W. 182ND CIRCLE | |
| CITY-ST-ZIP | DUNNELLON, FL 34432 | |
| 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:

Robert A. Hacker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-00

(352) 465-0828

Date

Daytime Phone #

CR2E037 (9/99)