

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 21, 2001 8:00 am
Secretary of State

08-21-2001 90036 004 ***175.00

DOCUMENT # N92000000098

1. Entity Name

RAYMOND E. DARLING VFW POST 6023, INC.

Principal Place of Business

Mailing Address

**P.O. BOX 1320. MORGAN ROAD
 INDIANTOWN FL 34956**

**P.O. BOX 1320. MORGAN ROAD
 INDIANTOWN FL 34956**

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

59-6111356

Applied For

Not Applicable

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

Name

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

City

FL

Zip Code

**WITTENMYER, ERNEST
 15935 SW OSCEOLA ST.
 INDIANTOWN FL 34956**

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
 After September 12, 2001, min. will be \$236.25**

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 **VD** ☐ Delete
 NAME **SLEZIA, JOHN**
 STREET ADDRESS **16396 S.W. INDIANWOOD CIR**
 CITY-ST-ZIP **INDIANTOWN FL**

TITLE **DS** ☐ Delete
 NAME **MCLAUGHLIN, ROY**
 STREET ADDRESS **1424 SW JEFFERSON AVE.**
 CITY-ST-ZIP **INDIANTOWN FL**

TITLE **DP** ☐ Delete
 NAME **WITTENMYER, ERNEST**
 STREET ADDRESS **15935 OSCEOLA ST.**
 CITY-ST-ZIP **INDIANTOWN FL**

TITLE **TD** ☐ Delete
 NAME **COURTOIS, EDWARD J**
 STREET ADDRESS **14602 S.W. DIVOT DR**
 CITY-ST-ZIP **INDIANTOWN FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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TITLE ☐ Change ☐ 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 Requested
Raymond

8/13/01

561-597-4096

CR2E037 (5/01)