

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000001206

1. Entity Name

V.F.W. POST 10757, INC.

FILED
Jul 12, 2000 8:00 am
Secretary of State

07-12-2000 90012 011 ****75.00

Principal Place of Business

Mailing Address

42070 US HWY 19
TARPON SPRINGS FL 34689

42070 US HWY 19
TARPON SPRINGS FL 34689

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

59-3142458

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

CONTOMARINOS, NICHOLAS
1141 LORD ST
HOLIDAY FL 34690

Name **BROGAN, Edward**
Street Address (P.O. Box Number is Not Acceptable)
2220 F BANCROFT Circle So.

PALM Harbor

City **PALM HARBOR**

FL

Zip Code

34683

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 13, 2000 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	CONTOMARINOS, NICK	
STREET ADDRESS	1141 LORD STREET	
CITY-ST-ZIP	HOLIDAY FL	
TITLE	SV	<input checked="" type="checkbox"/> Delete
NAME	STEINLE, DONALD	
STREET ADDRESS	1104 BEAVER DR.	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	VPC	<input checked="" type="checkbox"/> Delete
NAME	AULD, ROBERT	
STREET ADDRESS	732 DRIFTWOOD LN.	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MULLIGAN, JAMES	
STREET ADDRESS	1670 POLO CLUB DRIVE	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	DORN, WILLIAMS C	
STREET ADDRESS	3022 HOLIDAY LAKE DRIVE	
CITY-ST-ZIP	HOLIDAY FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	LEONARD, ROY	
STREET ADDRESS	1209 EAST LEMON STREET	
CITY-ST-ZIP	TARPON SPRINGS FL	

TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROGAN, Edward	
STREET ADDRESS	2220 F BANCROFT Circle So	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	SV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZIEMIASKI, DENNIS	
STREET ADDRESS	1409 RUSSEL LN	
CITY-ST-ZIP	HOLIDAY FL 34691	
TITLE	VPC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMIG, Howard	
STREET ADDRESS	366 WOOD DOVE AVE.	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SKOAF, OWEN	
STREET ADDRESS	803 RIVERVIEW LN.	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEINLE, DONALD	
STREET ADDRESS	1104 BEAVER DR.	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULLIGAN, JAMES	
STREET ADDRESS	39248 US 19 N. 147	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES MULLIGAN

James Mulligan

Date

Daytime Phone #

943-9147

CR2E037 (5/00)