

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000002044

1. Entity Name

EDGEWATER POST NUMBER 4532, VETERANS OF FOREIGN

FILED
May 15, 2000 8:00 am
Secretary of State

04-03-2000 90155 041 *****70.00

Principal Place of Business P.O. BOX 654 EDGEWATER FL 32132	Mailing Address P.O. BOX 654 EDGEWATER FL 32132-0654
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KLIEGER, KENNETH L 2201 S. RIDGEWOOD #30 EDGEWATER FL 32141	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D PETERS, RICHARD J 168 GARY AVENUE OAK HILL FL	T		
S. HAYMAN, JACK H 3003 TRAVELERS PALM DRIVE EDGEWATER FL 32141	T		
PD TD KLIEGER, KENNETH L 2201 S. RIDGEWOOD DRIVE #30 EDGEWATER FL 32141	D	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TD JAMES A BLACK 2201 S RIDGEWOOD AVE EDGEWATER FL 32141	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)