

2000 UNIFORM BUSINESS REPORT (UBR)

2/

DOCUMENT # N94000002079

FILED
May 11, 2000 8:00 am
Secretary of State

02-17-2000 90078 040 ****61.25

NIC BARCO MEMORIAL VFW POST 7122 VETERANS OF

| | |
|---|--|
| Principal Place of Business SOUTH FLORIDA AVENUE FLORAL CITY FL 34436 | Mailing Address POST OFFICE BOX 1119 FLORAL CITY FL 34436-1119 |
|---|--|



DO NOT WRITE IN THIS SPACE

| | | | |
|---|---------|---|--|
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 4. FEI Number 59-3213394 | | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | |

| | | | |
|---|--|---|--|
| 6. Name and Address of Current Registered Agent HATTEN, SIDNEY L 5941 S. SUNDIAL DR. FLORAL CITY FL 34436 | | 7. Name and Address of New Registered Agent Name: TERRY FERGERSON Street Address (P.O. Box Number is Not Acceptable): 8380 S. COVE FLORAL CITY FL 34436 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: *Terry L. Ferguson* DATE: 3-7-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| | | |
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| FILE NOW: FEE IS \$61.25 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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: D | NAME: PEARSON, PEGGY F STREET ADDRESS: 12395 S. CANNA PT. CITY-ST-ZIP: FLORAL CITY FL 34436 | TITLE: | NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <input type="checkbox"/> Delete | | TITLE: | NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: VD | NAME: FERGUSON, TERRY STREET ADDRESS: 8380 S. COVE CITY-ST-ZIP: FLORAL CITY FL 34436 | TITLE: | NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <input type="checkbox"/> Delete | | TITLE: | NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: PD | NAME: HATTEN, SIDNEY L SR STREET ADDRESS: 5941 S. SUNDIAL DR. CITY-ST-ZIP: FLORAL CITY FL 34436 | TITLE: | NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <input checked="" type="checkbox"/> Delete | | TITLE: | NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: | NAME: JR V COMMANDER STREET ADDRESS: DAVE CLARK CITY-ST-ZIP: 12473 S. ASTER PT FLORAL CITY FL 34436 | TITLE: | NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <input type="checkbox"/> Delete | | TITLE: | NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: | NAME: | TITLE: | NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <input type="checkbox"/> Delete | | TITLE: | NAME: <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: *Peggy F. Pearson* DATE: 2-14-00 DAYTIME PHONE #: 352-344-5334
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)