

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90345 014 ****61.25

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DOCUMENT # N94000002690

1. Entity Name

BISHOP CHARLES B. MCLAUGHLIN POST 1917, CATHOLIC

Principal Place of Business

**3167 SAND TRAP COURT
LAKELAND FL 33809**

Mailing Address

**3167 SAND TRAP COURT
LAKELAND FL 33810**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

33810

4. FEI Number

59-3153597

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**SMITH, SERAL A
3167 SAND TRAP COURT
LAKELAND FL 33809**

7. Name and Address of New Registered Agent

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	TR	<input type="checkbox"/> Delete
NAME	UNSER, LOREN E.	
STREET ADDRESS	4747 N RD 33	
CITY-ST-ZIP	LAKELAND FL 33805	

TITLE	TR	<input type="checkbox"/> Delete
NAME	GERETY, STEPHEN P.	
STREET ADDRESS	5011 ALDERMAN RD	
CITY-ST-ZIP	LAKELAND FL 33810	

TITLE	TR	<input type="checkbox"/> Delete
NAME	UNSER, THERESA A	
STREET ADDRESS	7405 N. SOCRUM LOOP RD., #2	
CITY-ST-ZIP	LAKELAND FL	

TITLE	T	<input type="checkbox"/> Delete
NAME	SMITH, SERAL A	
STREET ADDRESS	3167 SAND TRAP COURT	
CITY-ST-ZIP	LAKELAND FL	

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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SKOKAN, OTTO	
STREET ADDRESS	1323 LAKE BONNY DRIVE WEST	
CITY-ST-ZIP	LAKELAND, FL 33801-2303	

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:

SERAL A. SMITH

Date

Daytime Phone #

4/23/01 863-858-4882

CR2E037 (10/00)