

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000003380

1. Entity Name

NAPLES MEMORIAL POST NO. 7369 VETERANS OF FOREIGN

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

01-12-2000 90057 003 ****61.25

Principal Place of Business

Mailing Address

2405 LINWOOD AVE
NAPLES FL 34112
US

2405 LINWOOD AVE
NAPLES FL 34112-4729
US

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

65-0463066

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

MACK, JOHN
1731 REUVEN CIR
4
NAPLES FL 34112

Name

SAME

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BEARDSLEY, KEVIN
2070 ROOKERY BAY CIR, 2503
NAPLES FL 34112 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VIECHER, MICHAEL CDR ☒ Change ☐ Addition
2405 LINWOOD AVE
NAPLES FLORIDA 34112

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MACK, JOHN
1731 REUVEN CIR 4
NAPLES FL 34112 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SCHULT, WILLIAM
700 CHARLEMANGE BLVD
NAPLES FL 34112 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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. **QUARTERMASTER**

SIGNATURE:

SIGNATURE REQUIRED
JOHN J. MACK JR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/05/00

941-793-7357

Date

Daytime Phone #

CR2E037 (9/99)