

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 12, 2002 8:00 am
Secretary of State

08-12-2002 90006 025 ****61.25
 05-29-2002 93590 037 ****61.25

DOCUMENT # N95000002232

1. Entity Name

VOITURE 1233-40/8 INC.

Principal Place of Business

**AMERICAN LEGION POST 235
 105 HOLLYWOOD BLVD NW
 FT WALTON BEACH FL 32548**

Mailing Address

**AMERICAN LEGION POST 235
 105 HOLLYWOOD BLVD NW
 FT WALTON BEACH FL 32548**

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

NOT APPLICABLE

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

**GONTAREK, JOHN
 201 W LORRAINE DRIVE
 FT WALTON BEACH FL 32548**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,
 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 **P** ☒ Delete
 NAME **COLE, RICK**
 STREET ADDRESS **6609 BUSTON STREET**
 CITY-ST-ZIP **NAVARREE FL 32566**

TITLE **P** ☐ Change ☐ Addition
 NAME **JAMES J KNESE**
 STREET ADDRESS **826 ST KITTS COVE**
 CITY-ST-ZIP **NICEVILLE FL 32578**

TITLE **S** ☐ Delete
 NAME **GONTAREK, JOHN J**
 STREET ADDRESS **201 W LORRAINE DR**
 CITY-ST-ZIP **MARY ESTHER FL 32569**

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

TITLE **T** ☐ Delete
 NAME **VISSER, HAL**
 STREET ADDRESS **16 FORREST GROVE PLACE**
 CITY-ST-ZIP **FT WALTON BEACH FL 32548**

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

TITLE **D** ☐ Delete
 NAME **HIERS, TRAVIS**
 STREET ADDRESS **P.O. BOX 4247 N/A**
 CITY-ST-ZIP **FT WALTON BEACH FL 32548**

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

TITLE **D** ☐ Delete
 NAME **BARRINGER, HARRY**
 STREET ADDRESS **33 A CANE DRIVE APT 2**
 CITY-ST-ZIP **FT WALTON BEACH FL 32548**

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

TITLE **D** ☒ Delete
 NAME **ROBERTS, LEWIS**
 STREET ADDRESS **37 EAST AUDREY DRIVE**
 CITY-ST-ZIP **FORT WALTON BEACH FL 32548**

TITLE **1** ☐ Change ☐ Addition
 NAME **DAVID HARRINGTON**
 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:

SIGNATURE REQUIRED

John J. Gontarek

1-850-2435846

CR2E037 (4/02)