

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000000744

1. Entity Name

POST NAME: FEDHAVEN MEMORIAL POST NO: 7361 VETER

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90035 044 ****61.25

Principal Place of Business FEDHAVEN AUDITORIUM FEDHAVEN FL 33854	Mailing Address P O BOX 8772 FEDHAVEN FL 33854-8772 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business FEDHAVEN FIRE STATION	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-3219415	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

ST. GERMAIN, ROGER L
2320 THOREAU DRIVE
LAKE WALES FL 33853

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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	TS STIGERMAIN, ROGER 2320 THOREAU DRIVE LAKE WALES FL 33853 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAMBIASE, RICHARD 1 FEDHAVEN CIR FEDHAVEN FL 33854 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BENOIT, GERALD 2700 US HWY 27 LAKE WALES FL 33853 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STUCK, SAMUEL 132 FEDHAVEN RD 33854 FEDHAVEN FL 33854 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T QUINN, CORNELIUS 283 FEDHAVEN CIRCLE FEDHAVEN FL 33854 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, ROBERT 269 FEDHAVEN CIR FEDHAVEN FL 33854 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ST. GERMAIN, ROGER
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P 303 CLUB CIRCLE P.O. Box 8877
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D GETSON, HENRY 562 CLUB CIRCLE P.O. Box 9031
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D 283 CLUB CIRCLE P.O. Box 8891
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D STAHL, HERBERT 206 CLUB CIRCLE P.O. Box 8036

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: Roger L. St. Germain **ROGER L. ST. GERMAIN** 11 APR 00 863-696-4486
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)