

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90053 025 ****61.25

DOCUMENT # N96000000744

1. Entity Name

POST NAME: FEDHAVEN MEMORIAL POST NO: 7361 VETER

Principal Place of Business

**FEDHAVEN FIRE STATION
 FEDHAVEN FL 33854**

Mailing Address

**P O BOX 8772
 FEDHAVEN FL 33854
 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

59-3219415

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TS** ☐ Delete
 NAME **STIGERMAIN, ROGER**
 STREET ADDRESS **2320 THOREAU DRIVE**
 CITY-ST-ZIP **LAKE WALES FL 33853**

TITLE **TS** ☒ Change ☐ Addition
 NAME **ST. GERMAIN, ROGER**
 STREET ADDRESS **2320 THOREAU DRIVE**
 CITY-ST-ZIP **LAKE WALES, FL 33853**

TITLE **D** ☐ Delete
 NAME **LAMBIASE, RICHARD**
 STREET ADDRESS **1 FEDHAVEN CIR**
 CITY-ST-ZIP **FEDHAVEN FL 33854**

TITLE **P** ☒ Change ☐ Addition
 NAME **LAMBIASE, RICHARD**
 STREET ADDRESS **303 CLUB CIRCLE**
 CITY-ST-ZIP **FEDHAVEN, FL 33854**

TITLE **VP** ☒ Delete
 NAME **BENOIT, GERALD**
 STREET ADDRESS **2700 US HWY 27**
 CITY-ST-ZIP **LAKE WALES FL 33853**

TITLE **VP** ☐ Change ☒ Addition
 NAME **ROBERT TOPPING**
 STREET ADDRESS **P.O. BOX 6051 1E NALCREST ROAD**
 CITY-ST-ZIP **NALCREST, FL 33855**

TITLE **D** ☒ Delete
 NAME **STUCK, SAMUEL**
 STREET ADDRESS **132 FEDHAVEN RD 33854**
 CITY-ST-ZIP **FEDHAVEN FL 33854**

TITLE **D** ☐ Change ☒ Addition
 NAME **GETSON, HENRY**
 STREET ADDRESS **570 CLUB CIRCLE**
 CITY-ST-ZIP **FEDHAVEN, FL 33854**

TITLE **T** ☐ Delete
 NAME **QUINN, CORNELIUS**
 STREET ADDRESS **283 FEDHVEN CIRCLE**
 CITY-ST-ZIP **FEDHAVEN FL 33854**

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

TITLE **D** ☒ Delete
 NAME **THOMAS, ROBERT**
 STREET ADDRESS **269 FEDHAVEN CIR**
 CITY-ST-ZIP **FEDHAVEN FL 33854**

TITLE **D** ☐ Change ☒ Addition
 NAME **STAHL, HERBERT**
 STREET ADDRESS **206 CLUB CIRCLE**
 CITY-ST-ZIP **FEDHAVEN, FL 33854**

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. STIGERMAIN **15 JAN 01** **863-696-4486**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)