

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000001719

1. Entity Name

ARNOLD V. ALLEN POST NO. 166, INC.

Principal Place of Business

HOMOSASSA LIONS CLUB  
HOMOSASSA SPRINGS FL 34447

Mailing Address

PO BOX 916  
HOMOSASSA SPRINGS FL 34447

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

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

STAPLETON, JOSEPH F  
5 MORNING GLORY CT  
HOMOSASSA FL 34446-5420

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  
After September 12, 2001, 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  
NAME STAPLETON, JOSEPH F  
STREET ADDRESS 5 MORNING GLORY CT  
CITY-ST-ZIP HOMOSASSA FL 34446

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE V  
NAME POLITO, JOHN  
STREET ADDRESS 7280 W AUTUMN ST  
CITY-ST-ZIP HOMOSASSA FL 34446

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE S  
NAME COSTELLO, THOMAS B  
STREET ADDRESS 3218 CAMOMILE WAY  
CITY-ST-ZIP BEVERLY HILLS FL 34465-3830

☒ Delete

TITLE S  
NAME ANDROSKI, FRANCIS J  
STREET ADDRESS 5689 W. SARDOCK CT  
CITY-ST-ZIP HOMOSASSA FL 34446

☒ Change ☐ Addition

TITLE T  
NAME HALL, GERALDINE E  
STREET ADDRESS P O BOX 1342 N/A  
CITY-ST-ZIP HOMOSASSA SPRINGS FL 34447-1342

☒ Delete

TITLE T  
NAME DONOVAN DONALD L  
STREET ADDRESS 1120 N LA JOLLA PT.  
CITY-ST-ZIP CRYSTAL RIVER FL 34429

☒ Change ☐ Addition

TITLE T  
NAME ANDROSKI, FRANK J  
STREET ADDRESS 5689 W SARDOCK CT  
CITY-ST-ZIP HOMOSASSA FL 34446-2474

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE T  
NAME NUTTING, CHARLES G  
STREET ADDRESS PO BOX 3918  
CITY-ST-ZIP HOMOSASSA SPRINGS FL 34447-3918

☒ Delete

TITLE T  
NAME CERNEK SAMUEL B  
STREET ADDRESS 7 CYPRESS BLVD. E  
CITY-ST-ZIP HOMOSASSA FL 34446-4714

☒ 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)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Jul 25, 2001 8:00 am  
Secretary of State

07-12-2001 90122 010 \*\*\*\*61.25

01-25-2001 90105 011 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)