

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000001719

1. Entity Name

ARNOLD V. ALLEN POST NO. 166, INC.

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90931 033 ****61.25

0087212

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

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

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

STAPLETON, JOSPEH 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

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 PD
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 VT
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 ST
NAME ANDROSKE, FRANCIS J
STREET ADDRESS 5689 W SARDOCK CT
CITY-ST-ZIP HOMOSASSA FL 34446 ☐ Delete

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

TITLE TT
NAME DONOVAN, DONALD L
STREET ADDRESS 1120 N LA JOLLA PT
CITY-ST-ZIP CRYSTAL RIVER FL 34429 ☐ Delete

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

TITLE T
NAME ANDROSKE, 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 TT
NAME CERNEK, SAMUEL S
STREET ADDRESS 7 CYPRESS BLVD. E
CITY-ST-ZIP HOMOSASSA FL 34446-4714 ☐ 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-25-02

Date

353-628-9263

Daytime Phone #

CR2E037 (9/01)