

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2001 8:00 am**  
**Secretary of State**

01-23-2001 90052 022 \*\*\*\*70.00

**DOCUMENT # N96000003745**

1. Entity Name

**BIG PINE KEY POST NO. 4729 VETERANS OF FOREIGN W**

Principal Place of Business

FERN AVE. & ORLANDER ST.  
 BIG PINE KEY FL 33043

Mailing Address

PO BOX 1641  
 BIG PINE KEY FL 33043

2. Principal Place of Business

FERN AVE & ORLANDER ST.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 431641

Suite, Apt. #, etc.

City & State

Big Pine Key, FL.

City & State

Big Pine Key FL.

4. FEI Number

65-0295683

Applied For

Not Applicable

Zip

33043

Country

MONROE

Zip

33043

Country

MONROE

5. Certificate of Status Desired

☒

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

HUGHES, CHARLES L  
 29508 SARATOGA STREET  
 BIG PINE KEY FL 33043

7. Name and Address of New Registered Agent

Name

CHARLES L. HUGHES

Street Address (P.O. Box Number is Not Acceptable)

29508 SARATOGA ST.

City

Big Pine Key

FL

Zip Code

33043

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

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	SZABO, FRED	
STREET ADDRESS	PO BOX 430247 N/A	
CITY-ST-ZIP	BIG PINE KEY FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SCHERBIN, EDWARD J	
STREET ADDRESS	3753 GUMBO LIMBO ST.	
CITY-ST-ZIP	BIG PINE KEY FL 33043	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	CONKRIGHT, RICHARD W	
STREET ADDRESS	31220 AVENUE I	
CITY-ST-ZIP	BIG PINE KEY FL 33043	
TITLE	STD	<input type="checkbox"/> Delete
NAME	HUGHES, CHARLES LEE	
STREET ADDRESS	29563 SARATAGO ST	
CITY-ST-ZIP	BIG PINE KEY FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	RODDA, GERALD B	
STREET ADDRESS	3745 GUMBOLINBOST	
CITY-ST-ZIP	BIG PINE KEY FL 33043	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	KNAPP CHARLES A	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PO BOX 780	
STREET ADDRESS	BIG PINE KEY, FL 33043	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: Gerald B. Rodda 1-10-2001 305-872-7301

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)