

2000 UNIFORM BUSINESS REPORT (UBR)

2/15/00-90013-014-\$61.25-\$61.25

DOCUMENT # N98000001542

1. Entity Name

HAWTHORNE MEMORIAL POST NO 6389 VETERANS OF FORE

FILED

00 MAR 31 PM 3:57

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

132 HIBISCUS WAY
LEESBURG FL 34748

132 HIBISCUS WAY
LEESBURG FL 34748-8658

2. Principal Place of Business
HAWTHORNE AT LEESBURG

3. Mailing Address
HAWTHORNE AT LEESBURG

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. BOX 491700

P.O. BOX 491700

City & State

City & State

LEESBURG FL

LEESBURG FL

4. FEI Number

N/A

Applied For

Not Applicable

Zip Country
34749-1700 USA

Country

Zip Country
34749-1700 USA

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

**DUNIGAN, MAURICE
132 HIBISCUS WAY
LEESBURG FL 34748**

Name
SAMSELL JAMES

Street Address (P.O. Box Number is Not Acceptable)
132 PALO VERDE DRIVE

City
LEESBURG

FL

Zip Code
34748

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

James E Samsell
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	D	<input checked="" type="checkbox"/> Delete
NAME	BROOKS, WILSON C	
STREET ADDRESS	358 PALO VERDE DR.	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BROWN, ARTHUR M	
STREET ADDRESS	118 TAMARISK WAY	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SNYDER, KENNETH H	
STREET ADDRESS	107 CAMELLIA TRAIL	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAMSELL JAMES E	
STREET ADDRESS	132 PALO VERDE DRIVE	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROWELL EDWARD J	
STREET ADDRESS	132 ROYAL PALM DRIVE	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALSTAD JOHN O	
STREET ADDRESS	113 TAMARISK WAY	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WETTER ROBERT H	
STREET ADDRESS	217 HAWTHORNE BLVD	
CITY-ST-ZIP	LEESBURG FL 34748	
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: *Robert H Wetter* **ROBERT H WETTER** FEB 10, 2000 352-365-2149
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E037 (9/99)