

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003200

1. Entity Name

MID-POINT CAPE CORAL POST 492, VETERANS OF FOREI ✓

Principal Place of Business

1631 SW 11 TH AVE.  
CAPE CORAL FL 33991

Mailing Address

VFW POST 492  
P.O. BOX 151716  
CAPE CORAL FL 33915

2. Principal Place of Business

1831 SE 6<sup>TH</sup> TERRACE

3. Mailing Address

Suite, Apt. #, etc.

City & State

CAPE CORAL, FL.

City & State

4. FEI Number

65-0747157

Applied For

Not Applicable

Zip

Country

33990-1618

USA

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

NICHOLSON, PETE

1631 SW 11TH AVE.

CAPE CORAL FL 33990

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 13, 2000 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 D ☐ Delete  
NAME NICHOLSON, PETE  
STREET ADDRESS 1631 SW 11TH AVE.  
CITY-ST-ZIP CAPE CORAL FL 33990

TITLE ☒ Change ☐ Addition  
NAME PARKER, JESS  
STREET ADDRESS 1831 SE 6<sup>TH</sup> TERRACE  
CITY-ST-ZIP CAPE CORAL, FL 33990-1618

TITLE D ☐ Delete  
NAME RAMSDEN, DARRELL  
STREET ADDRESS 241 SE 3RD ST.  
CITY-ST-ZIP CAPE CORAL FL 33990

TITLE ☒ Change ☐ Addition  
NAME HEENEKE, RICHARD G  
STREET ADDRESS 904 ISLAMORADA BLVD.  
CITY-ST-ZIP PUNTA GORDA, FL 33965-1865

TITLE D ☐ Delete  
NAME POLVERARI, WILLIAM  
STREET ADDRESS 1502 11TH PLACE  
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE ☒ Change ☐ Addition  
NAME DUBUQUE, JOSEPH A.  
STREET ADDRESS 226 SE 8<sup>TH</sup> ST.  
CITY-ST-ZIP CAPE CORAL, FL 33990-1500

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/27/2000

Date

Daytime Phone #

FILED  
Aug 04, 2000 8:00 am  
Secretary of State

08-04-2000 90001 019 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (5/00)