

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90016 012 ****61.25

DOCUMENT # N99000006290

1. Entity Name

GREENACRES V.F.W. POST #4445 INC.

Principal Place of Business

Mailing Address

**3001 S. CONGRESS AVE.
PALM SPRINGS FL 33461**

**3001 S. CONGRESS AVE.
PALM SPRINGS FL 33461-2131**

A0006039



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-6583913**
Emp # EIN 91-1911632

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

**NOVAK, JOHN F
3001 S. CONGRESS AVE.
PALM SPRINGS FL 33461**

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 **JOHN F. NOVAK QUARTERMASTER**

(NOTE: Registered Agent signature required when reconstituting)

DATE

1-3-00

**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	P	<input type="checkbox"/> Delete
NAME	STOTTMEISTER, WILLIAM	
STREET ADDRESS	447 PINE GLEN LN #A	
CITY-ST-ZIP	LAKE WORTH FL 33463	<input type="checkbox"/> Delete
TITLE	V	
NAME	WILLIAMS, PERRY	
STREET ADDRESS	716 E SUNNY PINE WAY	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	<input type="checkbox"/> Delete
TITLE	S	
NAME	MOORE, DONALD L.	
STREET ADDRESS	2641 GATELY DR W 1601	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	<input type="checkbox"/> Delete
TITLE	D	
NAME	CLEMENTS, ROBERT P.	
STREET ADDRESS	439 SWAIN BLVD	
CITY-ST-ZIP	GREENACRES FL 33463	<input type="checkbox"/> Delete
TITLE	D	
NAME	NOVAK, JOHN F.	
STREET ADDRESS	3001 S CONGRESS AVE	
CITY-ST-ZIP	PALM SPRINGS FL 33461	<input type="checkbox"/> Delete
TITLE	D	
NAME	CONKLIN, CHARLES M.	
STREET ADDRESS	3308 BLACK OAK CT	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	

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		
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 is true and correct to the best of my knowledge 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: **DONALD L. MOORE** **8 JAN 2000 561-641-1837**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (9/99)