

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006290

1. Entity Name

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

Principal Place of Business

Mailing Address

364 SWAIN BLVD.  
GREEN ACRES FL 33463

364 SWAIN BLVD.  
GREEN ACRES FL 33463

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0583913

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

Name

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

City

FL

Zip Code

MODENA, DOMENICK  
364 SWAIN BLVD.  
GREENACRES FL 33463

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>STOTTMEISTER, WILLIAM<br>447 PINE GLEN LN #A<br>GREENACRES FL 33463 | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>WILLIAMS, PERRY<br>716 E SUNNY PINE WAY<br>GREENACRES FL 33463      | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>MOORE, DONALD L<br>2641 GATELY DR W 1601<br>GREENACRES FL 33463     | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>CLEMENTS, ROBERT P<br>439 SWAIN BLVD<br>GREENACRES FL 33463         | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | QMD<br>MODENA, DOMINICK<br>6292 RED CEDAR CIRCLE<br>GREENACRES FL 33463  | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>CONKLIN, CHARLES M<br>3308 BLACK OAK CT<br>BOYNTON BEACH FL 33438   | <input type="checkbox"/> Delete            |

|  |   |  |
|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                             |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | #SR.V.COMM.<br>JOSEPH M. BARRON<br>3 HADLEY COURT, PICKWICK PARK<br>GREENACRES, FL 33463-1738 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                             |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | JRVICE COMM<br>EDWIN H. SHEPHERD<br>P.O. Box 591<br>LAKE WORTH, FL 33460-0591                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                             |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: WILLIAM STOTTMEISTER  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/02

561-439-4889

Date

Daytime Phone #

CR2E037 (9/01)

FILED  
Apr 09, 2002 8:00 am  
Secretary of State

03-07-2002 90025 015 \*\*\*\*70.00

21764



DO NOT WRITE IN THIS SPACE