

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**

04-17-2000 90136 002 \*\*\*158.75

637899



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P97000031982**

Entity Name  
**AMVETS POST 24 PORT ST LUCIE, INC.**

Principal Place of Business  
**766 SE ESSEX DRIVE  
 PORT ST LUCIE FL 34984**

Mailing Address  
**766 SE ESSEX DRIVE  
 PORT ST LUCIE FL 34984-5233**

2. Principal Place of Business  
**3296 COLUMBRINA CIR**  
 Suite, Apt. #, etc.

3. Mailing Address  
**3296 COLUMBRINA CIR**  
 Suite, Apt. #, etc.

City & State  
**PORT ST. LUCIE FL.**

City & State  
**PORT ST. LUCIE FL**

Zip  
**34952**

Country  
**ST LUCIE**

Zip  
**34952**

Country  
**ST LUCIE**

4. FEI Number  
**65-0716309**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**CRUZ, ROBERT  
 766 SE ESSEX DRIVE  
 PORT ST LUCIE FL 34984**

7. Name and Address of New Registered Agent  
 Name **FRED STOLTZ**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3296 COLUMBRINA CIR.  
 PORT ST LUCIE FL 32952**

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 *Fred Stoltz* **FRED STOLTZ 1st Vice Pres.** **1-9-00**  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
C	CRUZ, ROBERT	766 SE ESSEX DRIVE	PORT ST LUCIE FL 34984	<input checked="" type="checkbox"/>
1VC	STOLTZ, FRED	3296 COLUMBRINA CIRCLE	PORT ST LUCIE FL 34952	<input type="checkbox"/>
A	SCHUMACHER, JOHN	P.O. BOX 13201 N/A	FT. PIERCE FL 34979-3201	<input type="checkbox"/>
PM	WILLIAM POBRIEN	3515 SE TRANQUILA AVE	PORT ST LUCIE, FL 34983	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Fred Stoltz* **FRED STOLTZ** **1-9-00** **561-879-6016**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)