

## 2000 UNIFORM BUSINESS REPORT (UBR)

4/5

DOCUMENT # 707642

1. Entity Name

JOHN G. SALLEY POST #43, AMERICAN LEGION, INC.

**FILED**  
**May 12, 2000 8:00 am**  
**Secretary of State**

04-05-2000 90096 018 \*\*\*\*61.25

Principal Place of Business  
 399 S KROME AVE  
 HOMESTEAD FL 33030  
 US

Mailing Address  
 399 S KROME AVE  
 HOMESTEAD FLA 33030-7203  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

50-6153531

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

KAPUT, DAN  
 399 S KROME AVE  
 HOMESTEAD FL 33030

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

Daniel G. Kaput

Daniel G. Kaput

3-31-00

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 P  
 NAME RHODES, WILLARD  
 STREET ADDRESS 399 S KROME AVE  
 CITY-ST-ZIP HOMESTEAD FL 33030 ☒ Delete

TITLE Commandeer  
 NAME Robert Bennett  
 STREET ADDRESS 399 S. Krome Ave  
 CITY-ST-ZIP Homestead FL 33030 ☒ Change ☐ Addition

TITLE FO  
 NAME KAPUT, DAN  
 STREET ADDRESS 399 S KROME AVE  
 CITY-ST-ZIP HOMESTEAD FL 33033 ☐ Delete

TITLE ~~Vice Commander~~  
 NAME ~~MATT DILLON~~  
 STREET ADDRESS ~~399 S Krome Ave~~  
 CITY-ST-ZIP ~~Homestead FL 33030~~ ☒ Change ☐ Addition

TITLE S  
 NAME FRIAR, HUGH J  
 STREET ADDRESS 1614 NW 8TH TERR  
 CITY-ST-ZIP HOMESTEAD FL 33030 ☒ Delete

TITLE 2nd Vice Commander  
 NAME Jerry Calderwood  
 STREET ADDRESS 399 S. Krome Ave  
 CITY-ST-ZIP Homestead FL 33030 ☒ Change ☐ Addition

TITLE D  
 NAME CAMPBELL, GARY  
 STREET ADDRESS 20210 SW 117TH AVE  
 CITY-ST-ZIP MIAMI FL 33177 ☒ Delete

TITLE 1st Vice Commander  
 NAME MATT DILLON  
 STREET ADDRESS 399 S. Krome Ave  
 CITY-ST-ZIP Homestead FL 33030 ☒ Change ☐ Addition

TITLE D  
 NAME GARDENER, HAROLD J  
 STREET ADDRESS 34524 SW 188TH PL LOT 126  
 CITY-ST-ZIP FLORIDA CITY FL 33034 ☒ Delete

TITLE D  
 NAME Tony Vackings  
 STREET ADDRESS 399 S. Krome Ave  
 CITY-ST-ZIP Homestead FL 33030 ☒ Change ☐ Addition

TITLE D  
 NAME MCGORTY, BERNARD  
 STREET ADDRESS 34653 SW 187TH PLACE  
 CITY-ST-ZIP HOMESTEAD FL 33034 ☐ Delete

TITLE ☐ Change ☐ 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:

DANIEL G. KAPUT

3-31-00

345-247-8283

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #