

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 707925

1. Entity Name

WM. C. MORRIS POST NUMBER 36, AMERICAN LEGION, I

FILED
Sep 08, 2000 8:00 am
Secretary of State

09-08-2000 90003 026 ****61.25

Principal Place of Business

1620 W. STATE RD 84
FORT LAUDERDALE FL 33315-2219

Mailing Address

1620 W. STATE RD 84
FORT LAUDERDALE FL 33315-2219

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0563907

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

BONI, JONATHAN J
1620 W STATE RD 84
FT LAUDERDALE FL 33315

7. Name and Address of New Registered Agent

Name

Richard Maggiore

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

1620 W. St. Ad. 84

City

Ft. Lauderdale

FL

Zip Code

33315

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

Richard Maggiore Commander

9-1-2000

Signature, typed or printed name of registered agent and fee, 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

TITLE D ☐ Delete
NAME SAPP, LARRY
STREET ADDRESS 3000 HOLIDAY DR
CITY-ST-ZIP FT LAUDERDALE FL 33316

TITLE D ☒ Delete
NAME BONI, JOHATHAN
STREET ADDRESS 36 S. FED. HIGHWAY
CITY-ST-ZIP FT LAUDERDALE FL

TITLE D ☐ Delete
NAME LOWERY, EARL
STREET ADDRESS 1004 CITRUS ISLE
CITY-ST-ZIP FT LAUDERDALE FL 33312

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ~~Richard Maggiore~~ ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Director ☐ Change ☒ Addition
NAME Richard Maggiore
STREET ADDRESS 1057 Hillsboro Mile, # 524
CITY-ST-ZIP Hillsboro Beach, FL 33062

TITLE Adjutant ☐ Change ☒ Addition
NAME Edward A. Ahrens
STREET ADDRESS 2735 N.E. 14TH ST., Apt. 5
CITY-ST-ZIP Ft. Lauderdale, FL 33304

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

TITLE ☐ Change ☐ Addition
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

Edward A. Ahrens

9-1-2000

954-463-0146

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)