

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

03-22-2002 90035 004 \*\*\*\*61.25

**DOCUMENT # 707925**

1. Entity Name  
**WM. C. MORRIS POST NUMBER 36, AMERICAN LEGION, I NC.**

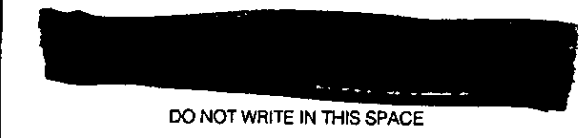
Principal Place of Business      Mailing Address  
**1620 W. STATE RD 84      1620 W. STATE RD 84**  
**FORT LAUDERDALE FL 33315-2219      FORT LAUDERDALE FL 33315-2219**

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 **59-0563907**      Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**MAGGIORE, RICHARD**  
**1620 W STATE RD 84**  
**FT LAUDERDALE FL 33315**

7. Name and Address of New Registered Agent  
 Name **DAVID E. ERNEST**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3151 SW 18th Street**  
 City **Ft. Lauderdale, FL**      Zip Code **33312**

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 **DAVID E. ERNEST, COMMANDER**      **3/6/02**  
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: <b>D</b>	NAME: <b>SAPP, LARRY</b> <input type="checkbox"/> Delete STREET ADDRESS: <b>3000 HOLIDAY DR</b> CITY-ST-ZIP: <b>FT LAUDERDALE FL 33318</b>	TITLE: <b>D</b>	NAME: <b>DAVID E. ERNEST</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS: <b>3151 SW 18th STREET</b> CITY-ST-ZIP: <b>FT. LAUDERDALE, FL 33312</b>
TITLE: <b>D</b>	NAME: <b>BONI, JONATHAN</b> <input type="checkbox"/> Delete STREET ADDRESS: <b>1220 SW 29TH ST</b> CITY-ST-ZIP: <b>FORT LAUDERDALE FL 33315</b>	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <b>D</b>	NAME: <b>MAGGIORE, RICHARD</b> <input type="checkbox"/> Delete STREET ADDRESS: <b>1057 HILLSBORO MILE #524</b> CITY-ST-ZIP: <b>HILLSBORO BEACH FL 33062</b>	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> Delete	NAME: <input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **DAVID E. ERNEST, COMMANDER**      **3/6/02**      **954.463.0146**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CRE037 (9/01)