

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90039 002 ****61.25

DOCUMENT # 724647

1. Entity Name

ALAFIA POST 148 OF THE AMERICAN LEGION DEPARTMENT

Principal Place of Business

Mailing Address

HWY 301 & HANNAWAY DR
 PO BOX 507
 RIVERVIEW FL 33569-0507

HWY 301 & HANNAWAY DR
 PO BOX 507
 RIVERVIEW FL 33568-0507



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6200875

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

DUNN, ROGER C
1621 FEATHERBAND DRIVE
VALRICO FL 33534

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]

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

[Signature]

DATE

FILE NOW:
SEE 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

10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE: CD <input type="checkbox"/> Delete NAME: PFLUG, RICHARD STREET ADDRESS: 12511 TOCCI LANE CITY-ST-ZIP: RIVERVIEW FL 33569	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: TVC <input type="checkbox"/> Delete NAME: PHILLIPS, RICHARD STREET ADDRESS: 10316 OAK FOREST DRIVE CITY-ST-ZIP: RIVERVIEW FL 33569	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: JA <input type="checkbox"/> Delete NAME: REHANEK, BILL STREET ADDRESS: 10101 BELL CREEK DRIVER CITY-ST-ZIP: RIVERVIEW FL 33569	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: FOD <input type="checkbox"/> Delete NAME: ARMENTROUT, DAVID STREET ADDRESS: 9203 RONN ST. CITY-ST-ZIP: RIVERVIEW FL 33569	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: TA <input type="checkbox"/> Delete NAME: DUNN, ROGER C STREET ADDRESS: 1621 FEATHERBAND DRIVER CITY-ST-ZIP: VALRICO FL 33594	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: T <input type="checkbox"/> Delete NAME: HORMAN, THOMAS STREET ADDRESS: 12712 PALM RIVERVIEW RD CITY-ST-ZIP: RIVERVIEW FL 33569	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> 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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]
 DATE

Daytime Phone #

CR2E037 (9/99)