

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

05-21-2002 91240 023 \*\*\*\*61.25

**DOCUMENT # 724647**

1. Entity Name

**ALAFIA POST 148 OF THE AMERICAN LEGION DEPARTMENT  
 T OF FLORIDA, INC.**

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 33569-0507**

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

**59-6200875**

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

**DUNN, ROGER C  
 1621 FEATHERBAND DRIVE  
 VALRICO FL 33534**

Name

**Richard Pflug**

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

**12511 Tucci Ln.**

City

**Riverview**

**FL**

Zip Code  
**33569**

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 Pflug, Commander Richard Pflug**

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  Delete  
 NAME **TVC**  
 STREET ADDRESS **STRYKOWSKI, STANLEY J**  
 CITY-ST-ZIP **309 ABYHARA AVE  
 SEFFNER FL 33584**

TITLE  Change  Addition  
 NAME **Adjutant**  
 STREET ADDRESS **Robert E. Moore**  
 CITY-ST-ZIP **12102 Edgemoor Dr.  
 Riverview, FL 33569**

TITLE  Delete  
 NAME **T**  
 STREET ADDRESS **BEATTY, ROLAND**  
 CITY-ST-ZIP **3857 BELLEWATER BLVD  
 RIVERVIEW FL 33569**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **JA**  
 STREET ADDRESS **BELL, JOHN**  
 CITY-ST-ZIP **1633 ELK SPRING DR  
 BRANDON FL 33511**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **FOD**  
 STREET ADDRESS **ARMENROUT, DAVID**  
 CITY-ST-ZIP **9203 RONN ST.  
 RIVERVIEW FL 33569**

TITLE  Change  Addition  
 NAME **JA**  
 STREET ADDRESS **WILLIAM A Rehanek**  
 CITY-ST-ZIP **7412 Alafia Ridge Loop  
 Riverview, FL 33569**

TITLE  Delete  
 NAME **CD**  
 STREET ADDRESS **DUNN, ROGER C**  
 CITY-ST-ZIP **1621 FEATHERBAND DRIVER  
 VALRICO FL 33594**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **TA**  
 STREET ADDRESS **ANDERSON, JIMMY**  
 CITY-ST-ZIP **8022 HANCOCK DR  
 RIVERVIEW FL 33569**

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:

**Richard Pflug, RER** **Richard Pflug**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Apr 27 02**  
 Date

**(813) 677-6529**  
 Daytime Phone #

CFR2E037 (9/01)