

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2000 8:00 am
Secretary of State

03-10-2000 90032 018 ****61.25

DOCUMENT # 725152

1. Entity Name

TAMPA WOMEN'S POST NO. 134 OF THE AMERICAN LEGIO

Principal Place of Business

Mailing Address

AMERICAN LEGION, DEPT. OF FLA. INC.
 4306 SOUTH ANITA BOULEVARD
 TAMPA FL. 33611

AMERICAN LEGION, DEPT. OF FLA. INC.
 4306 SOUTH ANITA BOULEVARD
 TAMPA FL. 33611-1114



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

59-6150408

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

EILENBERGER, NELLIE L.
4306 SOUTH ANITA BOULEVARD
TAMPA FL. FL 33611

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

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	D	<input type="checkbox"/> Delete
NAME	VUKOMAMOVICH, BERTHA	
STREET ADDRESS	4000 E FLETCHER APT 107J	
CITY-ST-ZIP	TAMPA, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	RUDISILL, NANCY E.	
STREET ADDRESS	1816 E. YUKON	
CITY-ST-ZIP	TAMPA, FL- 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARBER, LEILA R	
STREET ADDRESS	4540 N BETHLEHEM RD 3B	
CITY-ST-ZIP	PLANT CITY FL.	
TITLE	V	<input type="checkbox"/> Delete
NAME	EILENBERGER, NELLIE L	
STREET ADDRESS	4306 SOUTH ANITA BLVD	
CITY-ST-ZIP	TAMPA, FL 00000	
TITLE	P	<input type="checkbox"/> Delete
NAME	EILENBERGER, NELLIE L	
STREET ADDRESS	4306 S ANITA BLVD	
CITY-ST-ZIP	TAMPA, FL 00000	
TITLE	T	<input type="checkbox"/> Delete
NAME	ANDERSON, REBECCA J	
STREET ADDRESS	5501 SEMINOLE AVE	
CITY-ST-ZIP	TAMPA, FL 00000	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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)(f), 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:

REBECCA J ANDERSON
 REBECCA J ANDERSON
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-2000 (813) 237-5751
 Date Daytime Phone #

CRE037 (9/99)