2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2000 8:00 am
Secretary of State
05-15-2000 90282 005 ****61.25

DOCUMENT # 747262

1. Entity Name

NORTH FORT MYERS AMVETS POST #50, INC.

Principal Place of Business	Mailing Address
2705 GARDEN STREET N FT MYERS FL 33917	2705 GARDEN STREET N FT MYERS FL 33917-1809

DO NOT WRITE IN THIS SPACE

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 59-2001743 ☐ 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
PIOTROWSKI, JOSEPH 1980 LAUREL LN N. FT. MYERS FL 33917	Name: Eldon Lansberry Street Address (P.O. Box Number is Not Acceptable): 2203 Griffin Ln City: N Ft Myers Fl 33917 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 _____ 4-26-00
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PIOTROWSKI, JOSEPH 1980 LAUREL LN N. FT MYERS FL 33917	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Cmd Lance Lansberry 2203 Griffin Ln N Ft Myers Fl 33917	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP LANSBERRY, EIDON 2203 GRIFFIN CT N. FT MYERS FL 33917	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Benny Travers 1259 Coconuts Palm #28 n Ft Myers Fl 33917	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP HAMMOCK, MELVIN 2705 GARDEN ST N. FT. MYERS FL 33917	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FD David Boarff 8325 Mc Daniels N Ft Myers Fl 33917	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD WENZEL, GERALD SR 4448 RUTHANN CT N. FT. MYERS FL 33917	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SHAMP, WALTER 310 LEISURE LN N. FT MYERS FL 33917	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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: EILON G. LANSBERRY 4/26/00 9971148
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #