2002 UNIFORM BUSINESS REPORT (UBR)

4/1

FILED
May 21, 2002 8:00 am
Secretary of State
04-16-2002 90061 047 ****70.00

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

[redacted]

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
ISRAEL, DONALD 7993 BOGART DRIVE N. FT. MYERS FL 33917-6208	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	CD ISRAEL, DONALD 7993 BOGART DRIVE N. FT MYERS FL 33917-6208	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	COMMANDER TROXELL, WILLIS 2705 GARDEN ST N FORT MYERS, FLA 33917	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SHAMP, WALTER 310 LEISURE LANE N. FT MYERS FL 33917	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1ST VICE TRAVERS, BENNY 1259 COCONUT PALM LOT 28 N FORT MYERS FLA 33917	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MCGINNIS, CARL 2705 GARDEN ST N. FT. MYERS FL 33917	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2ND VICE McGINNIS, CARL 2705 GARDEN ST N FORT MYERS FLA 33917	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FO ALBRIGHT, DONALD 7655 MCDANIELS N. FT. MYERS FL 33917	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JUDGE ADVOCATE HARRIS, MARK 2705 GARDEN ST N FORT MYERS FLA 33917	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP TROXELL, WILLIS 2705 GARDEN ST. N. FT. MYERS FL.33917	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FINANCE OFFICER ALBRIGHT, DONALD 7655 McDANIEL RD N FORT MYERS FLA 33917	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ADJD LUTZ, RICHARD G 537 ZEBRA DRIVE N. FT. MYERS FL 33917	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PROVOST MARSHAL GUELKEN BURG, ALLEN 8250 TOWNES N FORT MYERS FLA 33917	☒ Change ☐ Addition

CR2E037 (9/01)

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: [illegible] SIGNATURE REQUIRED 4-06-02 941-997-1148
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #