

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 767615

1. Entity Name

AMERICAN LEGION BOYS STATE & YOUTH FOUNDATION, I

Principal Place of Business

Mailing Address

ION. INC.  
300 AVE M N.W.  
WINTER HAVEN FL 33881-2406

ION. INC.  
300 AVE M N.W.  
WINTER HAVEN FL 33881-2406

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

59-2569078

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

MATTOX, RAY  
170 E CENTRAL AVE.  
WINTER HAVEN FL 33880

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	BELL, WALTER	
STREET ADDRESS	98 FIRST STREET	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAROTTI, JOHN	
STREET ADDRESS	1250 HOWARD TERRACE	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MATTOX, RAY	
STREET ADDRESS	151 AVE. B S.E.	
CITY-ST-ZIP	WINTER HAVEN FL 33885	
TITLE	TD	<input type="checkbox"/> Delete
NAME	RAIDEN, BILLY ROSS	
STREET ADDRESS	2620 COUNTRY CLUB RD.N.	
CITY-ST-ZIP	WINTER HAVEN FL 33882	
TITLE	D	<input type="checkbox"/> Delete
NAME	MITCHELL, JOHN K.	
STREET ADDRESS	232 6TH ST. N.W.	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	ANDERSON-TIDWELL, MARY ELLEN	
STREET ADDRESS	2484 HARTRIDGE PT. DR. W.	
CITY-ST-ZIP	WINTER HAVEN FL 33881-1289	

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	
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	
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:

*Billy Ross Raiden (Treg)*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/2000

Date

Daytime Phone #

FILED  
Mar 06, 2000 8:00 am  
Secretary of State

03-06-2000 90128 021 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)