## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Jan 29, 2001 8:00 am Secretary of State DOCUMENT # N42155 1. Entity Name THE NAVY LEAGUE OF THE UNITED STATES, TAMPA COUN 01-29-2001 90191 039 \*\*\*\*61.25 Principal Place of Business Mailing Address 707 SOUTH PACKWOOD AVENUE 707 SOUTH PACKWOOD AVENUE TAMPA FL 33606 TAMPA FL 33606 2. Principal Place of Business 4211 W GRANASH ST 3. Mailing Address 4211 W. GRANADA ST Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2628997 AMPA Not Applicable 4 1113 Doc ough \$8,75 Additional 5. Certificate of Status Desired 33629 Fee Required Name and Address of New Registered Agent and Address of Current Registered Agent-· (e) HALEN Street Address (P.O. Box Number is Not Acceptable) ALLMAN, PATRICK H 707 SO PACKWOOD AVE W. GRANADA ST **TAMPA FL 33606** City 8. The above named entity submits this statement for the purpose of changing its registered office or registered FILE NOW: 9. Election Campaign Financing Make Check Pavable to \$5.00 May Be Trust Fund Contribution. **FEE IS \$61.25** Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITI F ☐ Delete TITLE ☐ Change ☐ Addition NAME SILAH, ROBERT NAME STREET ADDRESS STREET ADDRESS 5022 BARROWE DR CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33624 ۷D ☐ Addition ☐ Delete TITLE Change TITLE BARTH, JIM NAME NAME STREET ADORESS STREET ADDRESS 12024 STEPPING STONE BLVD CITY-ST-ZIP CITY-ST-7IP **TAMPA FL 33625** TITLE ☐ Change TITLE ۷D ☐ Delete ☐ Addition NAME DENSON, ARNOLD NAME STREET ADDRESS STREET ADDRESS 618 PRADO PALCE CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33803 TREASURER WHALEN WILLIAM P. WHALEN 4211 W. GRANADA ST TAMPA, FL. 33629 Change TITLE ☐ Addition TITLE ALLMAN, PATRICK H STREET ADDRESS STREET ADDRESS 707 S. PACKWOOD AVE. CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33606 To belete Change ☐ Addition NAME MAGUIRE, JIM NAME STREET ADDRESS STREET ADDRESS 3903 KINNERY RUN CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33624** TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

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

CITY-ST-ZIP

STREET ADDRESS

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