

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2002 8:00 am
Secretary of State

02-10-2002 90057 025 ****61.25

DOCUMENT # N49668

1. Entity Name

MULBERRY MEMORIAL POST 72 AMERICAN LEGION INC.

Principal Place of Business

Mailing Address

**1500 ST RD 37 N
 MULBERRY FL 33860
 US**

**1500 ST RD 37 N
 MULBERRY FL 33860
 US**

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

59-2335319

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

**WEEKS, MARTIN D
 243 FIVE IRON DR
 MULBERRY FL 33860**

Name **JERRY MITCHELL**
 Street Address (P.O. Box Number is Not Acceptable)
363 CRESTWOOD DR
 City **Mulberry** FL Zip Code **33860**

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]
 Signature, typed or printed name of registered agent and title if applicable.

Commander

(NOTE: Registered Agent signature required when reinstating)

1/21/02

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 **PCD** ☒ Delete
 NAME **WEEKS, MARTIN D**
 STREET ADDRESS **243 FIVE IRON DR**
 CITY-ST-ZIP **MULBERRY FL 33860**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DVC** ☐ Delete
 NAME **WILKERSON, JOHN**
 STREET ADDRESS **274 LAKE HURON DR**
 CITY-ST-ZIP **MULBERRY FL 33860**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DVC** ☐ Delete
 NAME **MILLS, RANDALL**
 STREET ADDRESS **4095 DAVIS RD**
 CITY-ST-ZIP **MULBERRY FL 33860**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DVC** ☐ Delete
 NAME **MITCHELL, JERRY**
 STREET ADDRESS **363 CRESTWOOD DR**
 CITY-ST-ZIP **MULBERRY FL 33860**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **MLD** ☐ Delete
 NAME **HALL, ALAN P**
 STREET ADDRESS **2020 ST RD 37 SOUTH**
 CITY-ST-ZIP **MULBERRY FL 33860**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED

Commander

1/21/02

863 425 0644

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)