

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2000 8:00 am
Secretary of State

02-19-2000 90021 042 ****61.25

DOCUMENT # N97000001210

1. Entity Name

KEY BISCAYNE AMERICAN LEGION POST NO. 374, INC.

Principal Place of Business

Mailing Address

155 OCEAN LANE DRIVE, APT. 509
 KEY BISCAYNE FL 33149

AMERICAN LEGION POST 374
 P.O. BOX 374
 KEY BISCAYNE FL 33149
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRIED, MORTIMER ESQ.
291 HARBOR COURT
KEY BISCAYNE FL

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	CROMARTIE, RICHARD L	
STREET ADDRESS	155 OCEAN LANE DRIVE, APT. 509	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KEEL, HENRY	
STREET ADDRESS	645 SUNSET CIRCLE	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	
TITLE	D	<input type="checkbox"/> Delete
NAME	KING, MICHAEL	
STREET ADDRESS	745 FERNWOOD ROAD	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SCHMACHTENBERG, LEE C	
STREET ADDRESS	201 CRANDAM BLVD, #129	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	
TITLE	<i>OBrien, Barbara</i>	<input type="checkbox"/> Delete
NAME	<i>OBrien, Barbara</i>	
STREET ADDRESS	<i>200 Galen Dr. #106</i>	
CITY-ST-ZIP	<i>Key Biscayne, Fl. 33149</i>	
TITLE		<input type="checkbox"/> Delete
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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>OBrien, Barbara</i>	
STREET ADDRESS	<i>200 Galen Dr. #106</i>	
CITY-ST-ZIP	<i>Key Biscayne, Fl. 33149</i>	
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:

SIGNATURE: Lee C. Schmachtenberg
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/2000 3056664676
 Date Daytime Phone #

C 602137 6/2/00