

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90077 006 ****61.25

DOCUMENT # N97000001210

1. Entity Name

KEY BISCAIYNE AMERICAN LEGION POST NO. 374, INC.

Principal Place of Business

Mailing Address

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

AMERICAN LEGION POST 374
 P.O. BOX 374
 KEY BISCAIYNE FL 33149
 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

NOT APPLICABLE

Applied For

Not Applicable

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 BISCAIYNE 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:
FEES 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 BISCAIYNE FL 33149	
TITLE	D	<input type="checkbox"/> Delete
NAME	OBRIEN, BARBARA	
STREET ADDRESS	200 GALEN DR #106	
CITY-ST-ZIP	KEY BISCAIYNE FL 33149	
TITLE	D	<input type="checkbox"/> Delete
NAME	KING, MICHAEL	
STREET ADDRESS	745 FERNWOOD ROAD	
CITY-ST-ZIP	KEY BISCAIYNE FL 33149	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SCHMACHTENBERG, LEE C	
STREET ADDRESS	201 CRANDAM BLVD, #129	
CITY-ST-ZIP	KEY BISCAIYNE FL 33149	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (10/00)

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard L. Cromartie

Date

Daytime Phone #

1/29/01 3056664676