

3/2/1

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 8:00 am
Secretary of State

03-02-2001 90019 009 ****61.25

DOCUMENT # N97000005456

1. Entity Name

AMERICAN LEGION CHERRY LAKE POST #224, INC.

Principal Place of Business

R #3 BOX 1001
MADISON FL 32340-9519

Mailing Address

R #3 BOX 1001
MADISON FL 32340-9519

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-6200682

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

CHRISTMAS, LEWIS N II
R #3 BOX 1275
MADISON FL 32340

Name

Donald R. Placzowski

Street Address (P.O. Box Number is Not Acceptable)

Rt. 3 Box 528

City

MADISON

FL

Zip Code

32340

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

Donald R. Placzowski

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

Donald R. Placzowski

(NOTE: Registered Agent signature required when reinstating)

2/27/01

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to**
Department of State

10. OFFICERS AND DIRECTORS

TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	CARROLL, MICHAEL	
STREET ADDRESS	R #3 BOX 815	
CITY-ST-ZIP	MADISON FL 32340	

TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	CARROLL, MICHAEL	
STREET ADDRESS	R #3 BOX 815	
CITY-ST-ZIP	MADISON FL 32340	

TITLE	AD	<input checked="" type="checkbox"/> Delete
NAME	CHRISTMAS, LEWIS N	
STREET ADDRESS	R #3 BOX 1275	
CITY-ST-ZIP	MADISON FL 32340	

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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Commander	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Donald R. Placzowski	
STREET ADDRESS	Rt. 3 Box 528	
CITY-ST-ZIP	MADISON, FL 32340	

TITLE	Commander	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Donald R. Placzowski	
STREET ADDRESS	Rt. 3 Box 528	
CITY-ST-ZIP	MADISON, FL 32340	

TITLE	Adi	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	E.A. Griffin	
STREET ADDRESS	Rt. 3 Box 1001	
CITY-ST-ZIP	MADISON, FL 32340	

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James E. Betts	
STREET ADDRESS	Rt. 3 Box 295	
CITY-ST-ZIP	MADISON, FL 32340	

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:

Donald R. Placzowski

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/01

Date

850-929-2953

Daytime Phone #

CR2E037 (10/00)