2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State
02-11-2002 90097 037 ****61.25

DOCUMENT # N99000000095 See (d)

1. Entity Name

AMERICAN LEGION OF SOUTHWEST FLORIDA POST 90, IN C.

Principal Place of Business	Mailing Address
P.O. BOX 100395 CAPE CORAL FL 33904	P.O. BOX 100395 CAPE CORAL FL 33904

DO NOT WRITE IN THIS SPACE

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 65-1083313 ☐ 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
MOTT, LAWRENCE 5303 COBALT COURT CORAL GABLES FL 33904	Name: FLANAGAN, JOHN J. Street Address (P.O. Box Number is Not Acceptable): 715 S.E. 46th TERR. City: CAPE CORAL **FL** Zip Code: 33904

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 John J. Flanagan John J. Flanagan Finance Officer 1/21/02
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	CD MARKOWSKI, JOSEPH 4720 S.E. 15TH AVE., UNIT 120 CAPE CORAL FL 33904	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	COMMANDER JOHN D. BURNS 1746 BEACH PKWY. CAPE CORAL 33904	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCD STEPHENS, JOHN W 4720 S.E. 15TH AVE., UNIT 120 CAPE CORAL FL 33904	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1st VICE CMDR. D.DANIEL DISANTIS 1127 S.E. 36th TERR. CAPE CORAL 33904	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2VCD DIREZ, MARTIN 4720 S.E. 15TH AVE., UNIT 120 CAPE CORAL FL 33904	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2nd VICE CMDR. BENJAMIN H. ROSS 1122 S.E. 23rd AVE. CAPE CORAL 33990	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FOD MOTT, LAWRENCE E 4720 S.E. 15TH AVE., UNIT 120 CAPE CORAL FL 33904	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FINANCE OFFICER JOHN J. FLANAGAN 715 S.E. 46th TERR. CAPE CORAL 33904	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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: John J. Flanagan John J. Flanagan Finance Officer 1/21/02 941-549-1247
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #