

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # N44075**

1. Entity Name

**ARTHUR SAWYER POST NO. 28, THE AMERICAN LEGION.**

**FILED**  
**Jan 27, 2000 8:00 am**  
**Secretary of State**

01-27-2000 90086 045 \*\*\*\*70.00

Principal Place of Business <b>5610 W. JUNIOR COLLEGE RD. KEY WEST FL 33040</b>	Mailing Address <b>5610 W. JUNIOR COLLEGE RD. KEY WEST FL 33040-4310</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>5610 College Road</b>	3. Mailing Address <b>PO BOX 209</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>Key West, FL</b>	City & State <b>Key West, FL</b>

4. FEI Number <b>59-6200885</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip <b>33040</b>	Country <b>USA</b>	Zip <b>33041</b>	Country <b>USA</b>
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

**FRUTH, MELVIN**  
**415 CACTUS DR**  
**KEY WEST FL 33040**

7. Name and Address of New Registered Agent

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]* DATE \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete
NAME	<b>FRANCISCO, LARRY</b>
STREET ADDRESS	<b>1042 MITSCHER DR</b>
CITY-ST-ZIP	<b>KEY WEST FL</b>
TITLE	<b>VCD</b> <input type="checkbox"/> Delete
NAME	<b>FERNANDEZ, JOSE</b>
STREET ADDRESS	<b>1624 JOSEPHINE ST</b>
CITY-ST-ZIP	<b>KEY WEST FL</b>
TITLE	<b>CD</b> <input type="checkbox"/> Delete
NAME	<b>SORACCO, SCOTT</b>
STREET ADDRESS	<b>2901 S ROOSEVELT BLVD SUITE 209 W</b>
CITY-ST-ZIP	<b>KEY WEST FL</b>
TITLE	<b>CP</b> <input type="checkbox"/> Delete
NAME	<b>JIMENEZ, MANUEL</b>
STREET ADDRESS	<b>905 17TH ST</b>
CITY-ST-ZIP	<b>KEY WEST FL</b>
TITLE	<b>CP</b> <input checked="" type="checkbox"/> Delete
NAME	<b>RUSHING, PHIL</b>
STREET ADDRESS	<b>3700 N ROOSEVELT BLVD.</b>
CITY-ST-ZIP	<b>KEY WEST FL 33040</b>
TITLE	<b>CP</b> <input type="checkbox"/> Delete
NAME	<b>SMITH, DOUGLAS</b>
STREET ADDRESS	<b>5 ED SWIFT RD</b>
CITY-ST-ZIP	<b>KEY WEST FL 33040</b>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Lee webb</b>
STREET ADDRESS	<b>5610 College Rd</b>
CITY-ST-ZIP	<b>Key west FL 33040</b>
TITLE	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SORACCO, SCOTT</b>
STREET ADDRESS	<b>5610 College Road</b>
CITY-ST-ZIP	<b>Key West, FL 33040</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Drolet, EMERY</b>
STREET ADDRESS	<b>1122 WATSON ST</b>
CITY-ST-ZIP	<b>KEY WEST, FLA 33040</b>
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 information.

SIGNATURE: *[Signature]* **REQUIRED** name officer 1-19-2000 305 293 5440  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)