

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

Mailing Address

5610 W. JUNIOR COLLEGE RD.
KEY WEST FL 33040

5610 W. JUNIOR COLLEGE RD.
KEY WEST FL 33040-4310

2. Principal Place of Business

3. Mailing Address

5610 College Road

PO BOX 209

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Key West, FL

City & State

Key West, FL

4. FEI Number

59-6200885

Applied For

Not Applicable

Zip

33040

Country

USA

Zip

33041

Country

USA

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

FRUTH, MELVIN
415 CACTUS DR
KEY WEST FL 33040

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 ☒ Delete
NAME FRANCISCO, LARRY
STREET ADDRESS 1042 MITSCHER DR
CITY-ST-ZIP KEY WEST FL

TITLE ☐ Change ☐ Addition
NAME Lee Webb
STREET ADDRESS 5610 College Rd
CITY-ST-ZIP Key West FL 33040

TITLE VCD ☐ Delete
NAME FERNANDEZ, JOSE
STREET ADDRESS 1624 JOSEPHINE ST
CITY-ST-ZIP KEY WEST FL

TITLE P ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE CD ☐ Delete
NAME SORACCO, SCOTT
STREET ADDRESS 2901 S ROOSEVELT BLVD SUITE 209 W
CITY-ST-ZIP KEY WEST FL

TITLE ☒ Change ☐ Addition
NAME SORACCO, SCOTT
STREET ADDRESS 5610 College Road
CITY-ST-ZIP Key West, FL 33040

TITLE CP ☐ Delete
NAME JIMENEZ, MANUEL
STREET ADDRESS 905 17TH ST
CITY-ST-ZIP KEY WEST FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE CP ☒ Delete
NAME RUSHING, PHIL
STREET ADDRESS 3700 N ROOSEVELT BLVD.
CITY-ST-ZIP KEY WEST FL 33040

TITLE D ☐ Change ☐ Addition
NAME DROLET, EMERY
STREET ADDRESS 1122 WATSON ST
CITY-ST-ZIP KEY WEST, FLA 33040

TITLE CP ☐ Delete
NAME SMITH, DOUGLAS
STREET ADDRESS 5 ED SWIFT RD
CITY-ST-ZIP KEY WEST FL 33040

TITLE ☐ Change ☐ 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 of Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-2000

305 293 5440

Date

Daytime Phone #

CR2E037 (9/99)