

2001 UNIFORM BUSINESS REPORT (UBR)

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

04-05-2001 90088 021 ****70.00

DOCUMENT # N44075

1. Entity Name

ARTHUR SAWYER POST NO. 28, THE AMERICAN LEGION,

Principal Place of Business

Mailing Address

**5610 W. COLLEGE RD.
 KEY WEST FL 33040**

**5610 W. COLLEGE RD.
 KEY WEST FL 33040**

2. Principal Place of Business

3. Mailing Address

5610 W College Rd

5610 W College Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Key West FLA

Key West FLA

Zip

Country

Zip

Country

33040

U.S.A

33040

U.S.A

4. FEI Number

59-6200885

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

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

Name *FRUTH melvin*

Street Address (P.O. Box Number is Not Acceptable)
3312 Northside DR # 409

City *Key West*

FL

Zip Code *33040*

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 *MELVIN FRUTH*

3-2-01

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	D WELL, LEE	<input type="checkbox"/> Delete
STREET ADDRESS	5610 COLLEGE RD	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE NAME	P FERNANDEZ, JOSE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1624 JOSEPHINE ST	
CITY-ST-ZIP	KEY WEST FL	
TITLE NAME	D SORACCO, SCOTT	<input type="checkbox"/> Delete
STREET ADDRESS	5610 COLLEGE RD	
CITY-ST-ZIP	KEY WEST FL	
TITLE NAME	CP JIMENEZ, MANUEL	<input type="checkbox"/> Delete
STREET ADDRESS	905 17TH ST	
CITY-ST-ZIP	KEY WEST FL	
TITLE NAME	D DROLET, EMERY	<input type="checkbox"/> Delete
STREET ADDRESS	1122 WATSON ST	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE NAME	CP SMITH, DOUGLAS	<input type="checkbox"/> Delete
STREET ADDRESS	5 ED SWIFT RD	
CITY-ST-ZIP	KEY WEST FL 33040	

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	J. J Smiarowski	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	3700 N Roosevelt Blvd	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

MELVIN FRUTH
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRUTH

3-2-01

305-294-7117

Date

Daytime Phone #

CR2E037 (10/00)