

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2002 8:00 am**  
**Secretary of State**

05-23-2002 90031 044 \*\*\*\*61.25

**DOCUMENT # N94000002811**

1. Entity Name

**MANATEE MOOSE LEGION NO. 58, INC.**

Principal Place of Business

Mailing Address

**11 NE PINE ISLAND RD  
 CAPE CORAL FL 33909-2559**

**11 NE PINE ISLAND RD  
 CAPE CORAL FL 33909-2559**

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

**59-1662487**

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

**CT CORPORATION SYSTEM  
 1200 S PINE ISLAND ROAD  
 PLANTATION FL 33324**

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 **LANIGAN, ROBERT J**  
 STREET ADDRESS **3263 DESOTO DRIVE**  
 CITY-ST-ZIP **PUNTA GORDA FL 33983**

TITLE **D** ☒ Change ☐ Addition  
 NAME **ANDY ANDERSON**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☒ Delete  
 NAME **FISCHER, EDWARD**  
 STREET ADDRESS **3106 SURFSIDE BLVD**  
 CITY-ST-ZIP **CAPE CORAL FL 70**

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

TITLE **SD** ☐ Delete  
 NAME **WILLIN, ROBERT F**  
 STREET ADDRESS **5698 INVERNESS CIR**  
 CITY-ST-ZIP **N FT MYERS FL**

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

TITLE **D** ☐ Delete  
 NAME **PRINCIPE, VINCENT SR**  
 STREET ADDRESS **546 94TH AVENUE NORTH**  
 CITY-ST-ZIP **NAPLES FL 34108**

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

TITLE **D** ☐ Delete  
 NAME **DEL CORSO, STEPHEN J**  
 STREET ADDRESS **28786 CARMEL WAY**  
 CITY-ST-ZIP **BONITA SPRINGS FL 34134**

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

TITLE **PD** ☐ Delete  
 NAME **TERLUNEN, ROGER**  
 STREET ADDRESS **5311 GLEN ECHO AVE**  
 CITY-ST-ZIP **SARASOTA FL 34234**

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:

**ROBERT F. WILLIN**  
 SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-29-02 239-574-7751**

CR2E037 (9/01)