

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2003 8:00 am
Secretary of State

04-22-2003 90033 012 *****61.25

DOCUMENT # N94000002811

1. Entity Name

MANATEE MOOSE LEGION NO. 58, INC.



Principal Place of Business

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

Mailing Address

**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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete
NAME **ANDLE, ANDY**
STREET ADDRESS **3263 DESOTO DRIVE**
CITY-ST-ZIP **PUNTA GORDA FL 33983**

TITLE **D** ☒ Change ☐ Addition
NAME **JEFFREY ELMORE**
STREET ADDRESS **2503 APACHE STREET**
CITY-ST-ZIP **SARASOTA FL 34231 5009**

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 **D** ☒ Change ☐ Addition
NAME **GEORGE J BERGAU**
STREET ADDRESS **115 S.W. 52nd STREET**
CITY-ST-ZIP **CAPE CORAL FL 33914 7108**

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 **PD** ☒ Change ☐ Addition
NAME **VINCENT PRINCIPE SR**
STREET ADDRESS **546 94TH AVENUE NORTH**
CITY-ST-ZIP **NAPLES FL 34108**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 SECRETARY

Robert F Willin

4/17/03

239 574 7751

CR2E037 (10/02)