

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

**FILED**  
May 09, 2003 8:00 am  
Secretary of State

04-21-2003 90368 049 \*\*\*\*61.25

DOCUMENT # **N44075**



1. Entity Name  
**ARTHUR SAWYER POST NO. 28, THE AMERICAN LEGION,  
INCORPORATED**

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  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **59-6200885**      Applied For  
Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent  
~~FRITH, MELVIN  
3812 NORTHSIDE DR #409  
KEY WEST FL 33040~~

7. Name and Address of New Registered Agent  
Name **DONALD F. CONWAY**  
Street Address (P.O. Box Number is Not Acceptable)  
**5610 COLLEGE ROAD**  
City **KEY WEST, FL 33040 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Donald F. Conway*      **DONALD CONWAY, Reg. Agent**      **4/16/2003**  
Signature, typed or printed name of registered agent and title if applicable.      (UBR): 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> ELLER, RAY 5610 COLLEGE RD KEY WEST FL 33040 <i>DWR</i> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> MANDYCZ, LEONA 5610 COLLEGE RD KEY WEST FL 33040 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> SORACCO, SCOTT 5610 COLLEGE RD KEY WEST FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CP</b> LE CAMPE, WILLIAM 3812 EAGLE AVE KEY WEST FL 33040 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> DROLET, EMERY 1122 WATSON ST KEY WEST FL 33040 <i>DWR</i> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CP</b> SMITH, DOUGLAS 5 ED SWIFT RD KEY WEST FL 33040 <i>DWR</i> <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>LECOMPTTE, WILLIAM</b> 3612 EAGLE AVE. KEY WEST FL 33040 <b>CP</b> <i>DWR</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 817, 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: *William LeComptte*      **4/16/2003**      **305-294-0500**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (10/02)