

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

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

Mailing Address

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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

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

~~PROTH, 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

Signature, typed or printed name of registered agent and title if applicable.

(UBR): Registered Agent signature required when resigning)

DATE

DONALD CONWAY, Reg. Agent 4/16/2003

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 **D** ☐ Delete
NAME **ELLER, RAY**
STREET ADDRESS **5610 COLLEGE RD**
CITY-ST-ZIP **KEY WEST FL 33040** **DWR**

TITLE **P** ☒ Delete
NAME **MANDYCZ, LEONA**
STREET ADDRESS **5610 COLLEGE RD**
CITY-ST-ZIP **KEY WEST FL 33040**

TITLE **D** ☒ Delete
NAME **SORACCO, SCOTT**
STREET ADDRESS **5610 COLLEGE RD**
CITY-ST-ZIP **KEY WEST FL**

TITLE **CP** ☐ Delete
NAME **LE CAMPE, WILLIAM**
STREET ADDRESS **3812 EAGLE AVE**
CITY-ST-ZIP **KEY WEST FL 33040**

TITLE **D** ☐ Delete
NAME **DROLET, EMERY**
STREET ADDRESS **1122 WATSON ST**
CITY-ST-ZIP **KEY WEST FL 33040** **DWR**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☒ Change ☐ Addition
NAME **LECOMPTRE, WILLIAM**
STREET ADDRESS **3612 EAGLE AVE.**
CITY-ST-ZIP **KEY WEST, FL 33040** **CP DWR**

TITLE ☐ Change ☐ Addition
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)(l), 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: **W. SORACCO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/16/2003

305-84-0500

CR2E037 (10/02)