

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90337 028 ****61.25

DOCUMENT # 702517

1. Entity Name

LUTZ-LAND O' LAKES POST NUMBER 108, INC., THE AM

Principal Place of Business

5903 LAND O LAKES BLVD.
 PO BOX 747
 LAND O LAKES FL 34639

Mailing Address

P.O. BOX 747
 PO BOX 747
 LAND O'LAKES FL 34639
 US

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

59-6200605

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

GARDNER, ROBERT
19805 READING ROAD
LUTZ FL 33549

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: **VD** Delete
 NAME: **NASSO, VINCENT**
 STREET ADDRESS: **2155 FOGGY RIDGE PKY**
 CITY-ST-ZIP: **LANK O/LAKES FL**

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: **PD** Delete
 NAME: **GARDNER, ROBERT**
 STREET ADDRESS: **19805 READING RD.**
 CITY-ST-ZIP: **LUTZ FL**

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: **STD** Delete
 NAME: **DRETZKA, RAYMOND J.**
 STREET ADDRESS: **3153 LAKE PADGETT DRIVE**
 CITY-ST-ZIP: **LAND O'LAKES FL**

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: Delete
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: Delete
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: Change Addition
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 CITY-ST-ZIP: _____

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Signature)
NASSO

19 APR 2001 ⁸¹³
949-7614

Date

Daytime Phone #

CR2E037 (10/00)