

2001 UNIFORM BUSINESS REPORT (UBR)

1/

FILED
Mar 01, 2001 8:00 am
Secretary of State

01-30-2001 90035 031 ****61.25

DOCUMENT # 704494

1. Entity Name

SANIBEL-CAPTIVA AMERICAN LEGION POST #123, INC.

Principal Place of Business

4249 SANIBEL-CAPTIVA RD
PO BOX 66
SANIBEL FL 33957

Mailing Address

4249 SANIBEL-CAPTIVA RD
PO BOX 66
SANIBEL FL 33957

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

59-6153384

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

MURTY, TIMOTHY J
1633 PERIWINKLE WAY
SUITE A
SANIBEL FL 33957

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

TITLE	DT	☒ Delete
NAME	CHANEY, HERB	
STREET ADDRESS	4249 SANIBEL CAPTIVA RD	
CITY-ST-ZIP	SANIBEL FL 33957	
TITLE	PD	☒ Delete
NAME	BECKER, CORNELIUS H	
STREET ADDRESS	16295 DAVIS ROSD #20	
CITY-ST-ZIP	FORT MYERS FL 33908	
TITLE	VPD	☐ Delete
NAME	MUSGRAVE, THOMAS L	
STREET ADDRESS	1859 FARM TRAIL	
CITY-ST-ZIP	SANIBEL FL 33957	
TITLE	SD	☐ Delete
NAME	WATSON, STEVE	
STREET ADDRESS	1866 FARM TRAIL	
CITY-ST-ZIP	SANIBEL FL 33957	
TITLE	VPD	☒ Delete
NAME	JONES, WILLIAM	
STREET ADDRESS	6069 HENDERSON ROAD	
CITY-ST-ZIP	SANIBEL FL 33957	
TITLE	D	☐ Delete
NAME	DICKERSON, JOHN	
STREET ADDRESS	1704 SAND PEBBLE WAY	
CITY-ST-ZIP	SANIBEL FL 33957	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	COMMANDER	☐ Change ☒ Addition
NAME	MORTON BOYETTE	
STREET ADDRESS	4249 SANIBEL CAPTIVA RD	
CITY-ST-ZIP	SANIBEL FL 33957	
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		
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: **MORTON BOYETTE**
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/01

472 9979

Daytime Phone #

CR2E037 (1/0/00)