2001 UNIFORM BUSINESS REPORT (UBR)

Mar 08, 2001 8:00 am secretary of State DOCUMENT # 723017 1. Entity Name 03-08-2001 90087 019 ****70 00 NAVY LEAGUE OF THE UNITED STATES, FORT LAUDERDAL Principal Place of Business Mailing Address C/O ROSEMARIE DEZOLT 2161 NE 55TH CT 2161 NE 55TH CT FT. LAUDERDALE FL 33308 FT. LAUDERDALE FL 33308 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1412425 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) DEZOLT, ROSEMARIE 2161 NE 55TH CT FT. LAUDERDALE FL 33308 City 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 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE TITLE Change | ☐ Addition X Delete NAME THORNE, GEORGE W NAME STREET ADDRESS STREET ADDRESS 2625 SEA ISLAND DRIVE CITY-ST-ZIE CITY-ST-ZIP FORT LAUDERDALE FL 33301 TITLE ☐ Delete TITLE ☐ Addition NAME PEARSON, NELS R NAME STREET ADDRESS STREET ADDRESS 3100 NE 49TH ST_506 CITY-ST-ZIP-CITY-ST-ZIP FORT LAUDERDALE FL 33308 Change ☐ Addition TITLE ☐ Delete MADZIRSKI, MACK E III STREET ADDRESS STREET ADDRESS 1201 S.W. 63RD AVENUE CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33317 DINUAZIO, Nicholus TITLE ☐ Delete NAME NAME 3905. Ocean Blud #8D STREET ADDRESS STREET ADDRESS Pomparo Bel FL 33062 CITY-ST-ZIF CITY-ST-ZIP ☐ Delete Change ☐ Addition TITL F TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

CITY-ST-ZIP

STREET ADDRESS

TITI F

NAME

■ Delete

SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTO

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

3/3/01

954-452-5151

Change

☐ Addition

Daytime Phone