

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2001 8:00 am
Secretary of State

09-12-2001 90013 040 ****61.25

DOCUMENT # 725152

1. Entity Name

TAMPA WOMEN'S POST NO. 134 OF THE AMERICAN LEGIO



Principal Place of Business

AMERICAN LEGION, DEPT. OF FLA. INC.
4306 SOUTH ANITA BOULEVARD
TAMPA FL 33611

Mailing Address

AMERICAN LEGION, DEPT. OF FLA. INC.
4306 SOUTH ANITA BOULEVARD
TAMPA FL 33611

00063161



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5501 SEMINOLE AVE

Suite, Apt. #, etc.

3. Mailing Address

5501 SEMINOLE AVE

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

TAMPA, FL

4. FEI Number

59-6150408

Applied For

Not Applicable

Zip

33604-7049

Country

USA

Zip

33604-7049

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

EILENBERGER, NELLIE L.
4306 SOUTH ANITA BOULEVARD
TAMPA FL 33611

7. Name and Address of New Registered Agent

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
After September 12, 2001, min. will be \$236.25

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 **D** ☐ Delete
NAME **VUKOMAMOVICH, BERTHA**
STREET ADDRESS **4000 E FLETCHER APT 107J**
CITY-ST-ZIP **TAMPA, FL 00000**

TITLE **D** ☐ Delete
NAME **RUDISILL, NANCY E.**
STREET ADDRESS **1816 E. YUKON**
CITY-ST-ZIP **TAMPA, FL 00000**

TITLE **D** ☐ Delete
NAME **BARBER, LEILA R**
STREET ADDRESS **4540 N BETHLEHEM RD 3B**
CITY-ST-ZIP **PLANT CITY FL**

TITLE **V** ☐ Delete
NAME **EILENBERGER, NELLIE L**
STREET ADDRESS **4306 SOUTH ANITA BLVD**
CITY-ST-ZIP **TAMPA, FL 00000**

TITLE **P** ☐ Delete
NAME **EILENBERGER, NELLIE L**
STREET ADDRESS **4306 S ANITA BLVD**
CITY-ST-ZIP **TAMPA, FL 00000**

TITLE **T** ☐ Delete
NAME **ANDERSON, REBECCA J**
STREET ADDRESS **5501 SEMINOLE AVE**
CITY-ST-ZIP **TAMPA, FL 00000**

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
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:

Rebecca J Anderson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-5-2001 (813) 237-5751

CR2E037 (5/01)