

2000 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
Jun 06, 2000 8:00 am
Secretary of State

05-08-2000 90172 004 ***61.25

DOCUMENT # 740134

1. Entity Name

JOHN F. MURPHY POST 303, AMERICAN LEGION, INC.

Principal Place of Business

Mailing Address

27678 IMPERIAL SHORES
 BLVD.
 BONITA SPRINGS FL 34134
 US

4450 BONITA BEACH RD.
 #10-147
 BONITA SPRINGS FL 34134-3909
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6200731

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HADFIELD, WILLIAM
9818 TONYA COURT
BONITA SPRINGS FL 34135

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 **D** Delete
 NAME **KETTLES, ROBERT**
 STREET ADDRESS **233 3RD ST**
 CITY-ST-ZIP **BONITA SPRINGS FL 34134**

TITLE **D** Change Addition
 NAME **Comander William S. Hadfield**
 STREET ADDRESS **9818 Tonya Ct.**
 CITY-ST-ZIP **Bonita Springs, FL 34135**

TITLE **FO** Delete
 NAME **MILFS, GEORGE**
 STREET ADDRESS **7494 CARRIER RD**
 CITY-ST-ZIP **FORT MYERS FL 33912**

TITLE **D** Change Addition
 NAME **Adjutant Robert E. Niskala**
 STREET ADDRESS **10231 Maddox Ln #211**
 CITY-ST-ZIP **Bonita Springs, FL 34135**

TITLE **D** Delete
 NAME **NICHOLSON, LOU**
 STREET ADDRESS **HACUIENDA VILLAGE**
 CITY-ST-ZIP **BONITA SPRINGS FL 34135**

TITLE **D** Change Addition
 NAME **Finance Officer Ralph M. Nordstrom**
 STREET ADDRESS **360 Horse Creek Drive #308**
 CITY-ST-ZIP **Naples, FL 34110**

TITLE **D** Delete
 NAME **MILLER, MARVIN D**
 STREET ADDRESS **P.O. BOX 741 N/A**
 CITY-ST-ZIP **BONITA SPRINGS FL 34133**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **CD** Delete
 NAME **HADFIELD, WILLIAM**
 STREET ADDRESS **9818 TONYA CT**
 CITY-ST-ZIP **BONITA SPRINGS FL 34135**

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

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 another like empowered.

SIGNATURE: *Ralph M. Nordstrom*
 SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-24-00 441-992-2422

CR2E037 (9/99)