

2002 UNIFORM BUSINESS REPORT (UBR)

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FILED
Feb 25, 2002 8:00 am
Secretary of State

01-14-2002 90047 006 ****61.25

DOCUMENT # 740134					
1. Entity Name JOHN F. MURPHY POST 303, AMERICAN LEGION, INC.					
Principal Place of Business 27678 IMPERIAL SHORES BLVD. BONITA SPRINGS FL 34134 US			Mailing Address P.O BOX 1931 BONITA SPRINGS FL 34133 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-6200731	
Zip		Country		Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HADFIELD, WILLIAM 9818 TANYA COURT BONITA SPRINGS FL 34135			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			State 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 <i>W.S. Hadfield</i> (W.S. HADFIELD)				DATE 1-7-02	
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. <input type="checkbox"/>		\$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	C	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ZANNOVI, RUDOLPH E		NAME		
STREET ADDRESS	4878 E.		STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS FL 34134		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NISKALA, ROBERT		NAME		
STREET ADDRESS	10231 MADDOX LN 211		STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS FL 34135		CITY-ST-ZIP		
TITLE	CD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HADFIELD, WILLIAM		NAME		
STREET ADDRESS	9818 TONYA CT		STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS FL 34135		CITY-ST-ZIP		
TITLE	FO	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HIGGINS, TOM		NAME		
STREET ADDRESS	27512 BIG BEND RD		STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS FL 34134		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RETTLES, ROBERT		NAME		
STREET ADDRESS	233 W. 3RD ST		STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS FL 34134		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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.					
SIGNATURE: <i>W.S. Hadfield</i> (W.S. HADFIELD)				DATE 1-7-02 941 - 992-2422	
Signature and typed or printed name of signing officer or director				Date Daytime Phone #	

CFR2037 (9/01)