

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 745193

1. Entity Name

WEST TAMPA MEMORIAL POST #248, THE AMERICAN LEGI

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90020 046 ****70.00

Principal Place of Business

Mailing Address

3217 W GROVE ST. (33614)
P.O. BOX 4235
TAMPA FL 33677

3217 W GROVE ST. (33614)
P.O. BOX 4235
TAMPA FL 33677-4235

2. Principal Place of Business

2105 Jamaica Street

3. Mailing Address

P.O. Box 4235

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Tampa, Florida

City & State

Tampa, Florida

4. FEI Number

59-6200890

Applied For

Not Applicable

Zip

33607

Country

USA

Zip

33677

Country

USA

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

ESTEVEZ, BENNY
2710 KATHLEEN ST.
TAMPA FL 33607

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 Benny Estevez (BENNY ESTEVEZ)

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-18-00

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 ☐ Delete
NAME D
STREET ADDRESS ESTEVEZ, BENNY
CITY-ST-ZIP 2710 KATHLEEN ST.
TAMPA FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME SVC
STREET ADDRESS VALLES, FRANK
CITY-ST-ZIP 3227 WEST CLIFTON STREET
TAMPA FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME VCD
STREET ADDRESS GUINCHO, RALPH
CITY-ST-ZIP 1208 N. ARMENIA AVENUE
TAMPA FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME FOD
STREET ADDRESS THOMPSON, JAMES
CITY-ST-ZIP 3201 IVY ST
TAMPA FL 33607

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME Commander
STREET ADDRESS Rotolo, Charles
CITY-ST-ZIP 3424 W. Tampa Bay Blvd.
Tampa, FL 33607

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 all other like empowered.

SIGNATURE: Benny Estevez (BENNY ESTEVEZ)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-00 813 876 9697

Date

Daytime Phone #

CR2E037 (9/99)