

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 745193

1. Entity Name

WEST TAMPA MEMORIAL POST #248, THE AMERICAN LEGION, DEPARTMENT OF FLORIDA, INC.

Principal Place of Business

2105 JAMAICA ST
TAMPA FL 33607

Mailing Address

PO BOX 4235
TAMPA FL 33677

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

ESTEVEZ, BENNY
2710 KATHLEEN ST.
TAMPA FL 33607

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

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

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

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

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

TITLE C
NAME ROTOLO, CHARLES
STREET ADDRESS 3424 W TAMPA BAY BLVD
CITY-ST-ZIP TAMPA FL 33607 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-02 (813) 876-8774
Date Daytime Phone #

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90183 030 ****70.00



DO NOT WRITE IN THIS SPACE

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