

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 16, 2003 8:00 am**  
**Secretary of State**

01-16-2003 90050 013 \*\*\*\*61.25

**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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-6200890**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES



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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Benny Estevez* **BENNY ESTEVEZ**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-11-03**

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ESTEVEZ, BENNY</b>	
STREET ADDRESS	<b>2710 KATHLEEN ST.</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	<b>SVC</b>	<input type="checkbox"/> Delete
NAME	<b>VALLES, FRANK</b>	
STREET ADDRESS	<b>3227 WEST CLIFTON STREET</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	<b>VCD</b>	<input type="checkbox"/> Delete
NAME	<b>GUINCHO, RALPH</b>	
STREET ADDRESS	<b>1208 N. ARMENIA AVENUE</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	<b>FOD</b>	<input type="checkbox"/> Delete
NAME	<b>THOMPSON, JAMES</b>	
STREET ADDRESS	<b>3201 IVY ST</b>	
CITY-ST-ZIP	<b>TAMPA FL 33607</b>	
TITLE	<b>C</b>	<input type="checkbox"/> Delete
NAME	<b>ROTOLO, CHARLES</b>	
STREET ADDRESS	<b>3424 W TAMPA BAY BLVD</b>	
CITY-ST-ZIP	<b>TAMPA FL 33607</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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** **1-13-03**

CR2E037 (10/02)