

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 763303

1. Entity Name

THE AMERICAN LEGION AUXILIARY, DEPARTMENT OF FLO

**FILED**  
**May 19, 2000 8:00 am**  
**Secretary of State**

05-19-2000 90037 016 \*\*\*\*61.25

Principal Place of Business

Mailing Address

1912 A LEE RD  
ORLANDO FL 32810  
US

P.O. BOX 547917  
ORLANDO FL 32854-7917  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

MAHONEY, MARIE  
1912 LEE RD.  
ORLANDO FL 32810

4. FEI Number

59-0520130

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

DO NOT WRITE IN THIS SPACE



101493

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	HEENAN, MARY M	1398 WHITE CEDAR LN	NORTH FORT MYERS FL 33917	<input type="checkbox"/>
STD	MARIE MAHONEY	1912A LEE RD	ORLANDO FL	<input type="checkbox"/>
VD	PROCTOR, RUTH	8454 TANAKA DR.	ENGLEWOOD FL 34224	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	RUTH PROCTOR	8454 TANAKA DRIVE	ENGLEWOOD FL 34224	<input type="checkbox"/>	<input type="checkbox"/>
VD	KATHY RICH	5725 KINGFISH DRIVE	LUTZ FL 33549	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/28/00

Date

407-505-7411

Daytime Phone #

CR2E037 (9/99)