

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90007 034 ****61.25

DOCUMENT # N00000002058

1. Entity Name

LAKES WALES MEMORIAL POST 71, INC., AMERICAN LEG

Principal Place of Business

Mailing Address

P.O. BOX 668
 LAKE WALES FL 33853

P.O. BOX 668
 LAKE WALES FL 33853

2. Principal Place of Business

3. Mailing Address

38 W. ORANGE AVE

Box 668

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

LAKE WALES FL

LAKE WALES FL

Zip

Country

Zip

Country

33853

USA

33853

USA

4. FEI Number

59-3641323

Applied For

Not Applicable

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

MILLER, BARRY L
2 EASY STREET
LAKE WALES FL 33853

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
 NAME **MILLER, BARRY (BUD) L**
 STREET ADDRESS **2 EASY STREET**
 CITY-ST-ZIP **LAKE WALES FL 33853**

TITLE **D** ☐ Change ☒ Addition
 NAME **GARY M. WIESING**
 STREET ADDRESS **401 SUNSHINE DR**
 CITY-ST-ZIP **LAKE WALES, FL 33853**

TITLE **D** ☒ Delete
 NAME **THOMAS, BURL L**
 STREET ADDRESS **1311 MORNINGSIDE DRIVE**
 CITY-ST-ZIP **LAKE WALES FL 33853**

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

TITLE **D** ☐ Delete
 NAME **SHEFFER, WILBUR E**
 STREET ADDRESS **17379 SR 60 EAST**
 CITY-ST-ZIP **LAKE WALES FL 33853**

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

TITLE **D** ☐ Delete
 NAME **ANDERSON, IRA A**
 STREET ADDRESS **1193 LAKESHORE DRIVE**
 CITY-ST-ZIP **LAKE WALES FL 33853**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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: **B. LIGBATO M. CEDURIS** **Bud Miller** **2/7/01** **863-678-0597**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)