

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90001 040 ****61.25

DOCUMENT # N01000002918

1. Entity Name

DANIEL J. DALEY DET. 1002, MARINE CORPS LEAGUE, INC.

Principal Place of Business

**3435 SHOAL LINE ROAD
HERNANDO BEACH FL 34607**

Mailing Address

**3435 SHOAL LINE ROAD
HERNANDO BEACH FL 34607**

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

59-3711832

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

**ANDERSON, FRANK
3391 JEWFISH AVENUE
HERNANDO BEACH FL 34607**

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 **PD** ☐ Delete
NAME **HOLMAN, LES**
STREET ADDRESS **9300 LONG ISLAND ROAD**
CITY-ST-ZIP **BROOKSVILLE FL 34613**

TITLE **P/D** ☒ Change ☐ Addition
NAME **HOLMAN, LES**
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPD** ☐ Delete
NAME **NANNING, ROBERT**
STREET ADDRESS **11491 JANET AVE.**
CITY-ST-ZIP **SPRING HILL FL 34608**

TITLE **VP/D** ☒ Change ☐ Addition
NAME **NANNING, ROBERT**
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **SULFRIDGE, ALFRED**
STREET ADDRESS **5344 MALDIVE AVE.**
CITY-ST-ZIP **SPRING HILL FL 34606**

TITLE **SD** ☒ Change ☐ Addition
NAME **Sulfridge, Albert**
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

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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/10/02

Date

Daytime Phone #

CR2E037 (9/01)