

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

**FILED**  
**Aug 20, 2003 8:00 am**  
**Secretary of State**

0016713

**DOCUMENT # N09634**

1. Entity Name

**WEST HOLLYWOOD LEGION HOME CORPORATION**



08-20-2003 90051 028 \*\*\*\*61.25

Principal Place of Business

**2349 SW VALE ST.  
PORT ST. LUCIE FL 34953-7426  
US**

Mailing Address

**2349 SW VALE ST.  
PORT ST. LUCIE FL 34953-7426  
US**

2. Principal Place of Business

**17440 NW 38 AVE**

3. Mailing Address

**P.O. Box 6005**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Okeechobee, FL**

City & State

**Hollywood, FL**

Zip

**34972**

Country

**USA**

Zip

**33081**

Country

**USA**



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-6200349**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**VIRGIL, CAROLYN  
17440 N.W. 38 AVENUE  
OKEECHOBEE FL 34972**

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

SIGNATURE

*Carolyn Virgil*

**08/09/03**

Signature, typed or printed name of registered agent and fee is applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
After September 10, 2003, min will be \$236.25**

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

TITLE **DP** ☐ Delete  
NAME **VIRGIL, CAROLYN**  
STREET ADDRESS **17440 NW 38TH AVE**  
CITY-ST-ZIP **OKEECHOBEE FL 34972**

TITLE **DV** ☐ Delete  
NAME **HULING, GEORGE**  
STREET ADDRESS **12840 VISTA ISLE DR. APT 628**  
CITY-ST-ZIP **SUNRISE FL 33325-1338**

TITLE **ST** ☒ Delete  
NAME **BAILEY, ELMER**  
STREET ADDRESS **2349 S.W. VALE STREET**  
CITY-ST-ZIP **PORT SAINT LUCIE FL 34953-7426**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☒ Addition  
NAME **S MARTA G. Huling**  
STREET ADDRESS **12840 VISTA ISLE DR. APT 628**  
CITY-ST-ZIP **Sunrise, FL 33325**

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

TITLE ☐ Change ☐ Addition  
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: *Marta G. Huling*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**9546446889**

CR2E037 (4/03)