

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 05, 2002 8:00 am**  
**Secretary of State**

03-05-2002 90047 004 \*\*\*\*70.00

**DOCUMENT # N17167**

1. Entity Name

**SULLIVAN-BABCOCK POST 32, INC. THE AMERICAN LEGI  
ON DEPARTMENT OF FLORIDA**

Principal Place of Business

Mailing Address

**1697 PALM AVENUE  
HIALEAH FL 33010-3033**

**1697 PALM AVENUE  
HIALEAH FL 33010-3033**

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**NONE  
PROPERTY SOLD**

**P.O. BOX 110838**

Suite, Apt. #, etc.

**3/0000**

**HIALEAH, FL**

**33011**

**ORANGE**

4. FEI Number

**59-0688816**

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

**CÉCIL, CHARLES  
6215 SW 146 COURT  
MIAMI FL 33183**

Name

**N/A**

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.

**Charles W. Cecil**  
**CHARLES CÉCIL, CMDR**

**2/14/02**

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 **PIPP, CHARLES**  
STREET ADDRESS **11201 SW 55 STREET LOT 58**  
CITY-ST-ZIP **HOLLYWOOD FL 33025**

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

TITLE **T** ☐ Delete  
NAME **MCCARTIN, ROBERT**  
STREET ADDRESS **358 EAST 16 STREET**  
CITY-ST-ZIP **HIALEAH FL 33010**

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

TITLE **D** ☐ Delete  
NAME **WOLF, CRAIG**  
STREET ADDRESS **1697 PALM AVE**  
CITY-ST-ZIP **HIALEAH FL**

TITLE ☐ Change ☐ Addition  
NAME **NEW ADDRESS**  
STREET ADDRESS **6261 NW 40th ST**  
CITY-ST-ZIP **VIROVIA GARDENS, FL 33166**

TITLE **D** ☐ Delete  
NAME **MORTON, DEAN**  
STREET ADDRESS **1440 WEST 29 STREET**  
CITY-ST-ZIP **HIALEAH FL 33012**

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: Robert D. McCartin** **ROBERT D. MCCARTIN** **2-20-02** **305-888-4868**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)