

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

**FILED**  
**Jan 08, 2003 8:00 am**  
**Secretary of State**

01-08-2003 90044 040 \*\*\*\*61.25

**DOCUMENT # N28782**

1. Entity Name

**LT. COL. JOHN M. GERANT MEMORIAL POST 245, THE A  
MERICAN LEGION, DEPARTMENT OF FLORIDA, INC.**



Principal Place of Business

**22700 VISTAWOOD  
BOCA RATON FL 33428  
US**

Mailing Address

**22700 VISTAWOOD  
BOCA RATON FL 33428  
US**

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 **59-2621505**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BLUMBERG, GERALD  
22700 VISTA WOOD  
BOCA RATON FL 33428**

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

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **C** ☐ Delete  
NAME **MATTHEW, RAD**  
STREET ADDRESS **9326 KETAY CIR**  
CITY-ST-ZIP **BOCA RATON FL 33428**

TITLE **C** ☒ Change ☐ Addition  
NAME **Nathan London**  
STREET ADDRESS **2002 New Castle A**  
CITY-ST-ZIP **Boca Raton, FL 33434**

TITLE **T** ☐ Delete  
NAME **ARONIN, HERB**  
STREET ADDRESS **4069 YARMOUTH #B**  
CITY-ST-ZIP **BOCA RATON FL 33434**

TITLE **T** ☒ Change ☐ Addition  
NAME **Charles Epstein**  
STREET ADDRESS **8831 Rheims Road**  
CITY-ST-ZIP **Boca Raton, FL 33496**

TITLE **F** ☐ Delete  
NAME **SORSCHER, PHIL**  
STREET ADDRESS **8915 OLD PINE RD**  
CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE **F** ☐ Change ☐ Addition  
NAME **Phil Sorscher**  
STREET ADDRESS **8915 Old Pine Road**  
CITY-ST-ZIP **Boca Raton, FL 33433**

TITLE **ADJ** ☐ Delete  
NAME **BLUMBERG, GERALD**  
STREET ADDRESS **22700 VISTAWOOD WAY**  
CITY-ST-ZIP **BOCA RATON FL 33428**

TITLE **ADJ** ☐ Change ☐ Addition  
NAME **Gerald Blumberg**  
STREET ADDRESS **22700 Vistawood Way**  
CITY-ST-ZIP **Boca Raton, FL 33428**

TITLE **T** ☐ Delete  
NAME **NORMAN, ENO**  
STREET ADDRESS **11970 N BRANCH ROAD**  
CITY-ST-ZIP **BOCA RATON FL 33428**

TITLE **T** ☐ Change ☐ Addition  
NAME **Norman Eno**  
STREET ADDRESS **11970 North Branch Road**  
CITY-ST-ZIP **Boca Raton, FL 33428**

TITLE **T** ☐ Delete  
NAME **SCHMAUCHEN, MARTIN**  
STREET ADDRESS **6989 N CAMINO REAL #TH117**  
CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE **T** ☐ Change ☐ Addition  
NAME **Martin Schumacher**  
STREET ADDRESS **6989 N. Camino Real, #TH117**  
CITY-ST-ZIP **Boca Raton, FL 33433**

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 Required**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/6/03**

**817443061**

CR2E037 (10/02)